"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS IN SELECTED CANCER HOSPITALS, AT ERODE DISTRICT"

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This is to certify that the dissertation entitled **"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS IN SELECTED CANCER HOSPITALS, AT ERODE DISTRICT"** is a bonafide research work done by **Mr. KODEESWARAN A**., under the guidance of **Mrs. Deepa .K, M.sc., (N)**, **Reader Cum HOD of Mental Health Nursing Department**, Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences and Research, Sakthinagar, Bhavani Taluk, Erode..

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LIST OF ABBREVIATIONS

et. al.,	And others
Fig	Figure
H_1	Research Hypothesis
H_2	Research Hypothesis
H_3	Research Hypothesis
SD	Standard Deviation
S. No.	Serial Number
Max	Maximum
Min	Minimum
χ^2	Chi- square
%	Percentage
DASS	Depression Anxiety Stress Scale
p	Probability
F	Frequency
N	Total Number Samples
HOD	Head of the Department
M.Sc (N)	Master of Science in Nursing
Prof	Professor

ABSTRACT

STATEMENT OF THE PROBLEM

"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS IN SELECTED CANCER HOSPITALS, AT ERODE DISTRICT"

Objectives

- To assess the pretest level of stress among cancer patients in experimental and control group in selected cancer hospitals at Erode district.
- To evaluate the effectiveness of Bibliotherapy on stress among cancer patients in experimental group.
- To compare the post test stress level among cancer patients in experimental and control group
- To find out the association between the pre tests stress level among cancer patients with their selected demographic variables.

METHODS

The research approach used for this study was evaluative approach and research design was True Experimental Design. The total number of samples taken was 60, among that 30 samples was in experimental group and where as 30 samples in control group that was selected for the study by using simple randomized technique. Descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (chi- square, paired't' test and unpaired't' test were used to analyze the data and to test hypothesis.

RESULTS

The result of the study showed that the pretest level of stress. The mean score in experimental group is Mild 2(7%), Moderate 6(20%) and Severe 22 (73%) whereas , it was reduced in the post test with means score mild 18(60%), moderate 10(33.3%) and severe 2 (6.6%)). It states that Bibliotherapy has an impact on stress among cancer patients in experimental group.

The computed‘t’ value 11.353 was higher than the calculated value at 0.05 level of significance. Hence, H_1 (there is significant difference between pre test and post test level of stress among cancer patients in experimental group) was accepted.

The post test overall stress score in experimental group. The mild 18(60%), moderate 10(33.3%) and severe 2 (6.6%) and where as in control group mild 2 (6.6%), moderate 9 (20%) and severe 22 (73.3. %).

The comparison between post test level of stress score in experimental group and control group. showing the value are significant which was observed from unpaired‘t’ test value of 9.833 at 0.05 level of significance, which is evident for the effect of Bibliotherapy in reducing stress level among cancer patients . Hence, H_2 (There is significant difference in post test level of stress among cancer patients in experimental group and control group) was accepted.

There is significant association between pretest level of stress and demographic variables such as sex, habit and other relaxation techniques.

The findings of the study support the need of awareness regarding bibliotherapy among nurses. The study was proved that the cancer patients had remarkable decrease in stress level after Bibliotherapy.

CONCLUSION

The findings of the study proved that the Bibliotherapy on stress among cancer patients was effective in reducing the level of stress. The study revealed that irrespective of variations in demographic variables, all patients in experimental group showed reduction in level of stress with Bibliotherapy.

KEY WORDS:

Effectiveness, Bibliotherapy, stress

CHAPTER - I

INTRODUCTION

Definition

Cancer: "Carcinoma is a form of cancer that is composed of epithelial cells that is tend to infiltrate surrounding tissues and may eventually spread to distant sites **(Black M Jacob 1997)**".

"An abnormal growth of cells which tend to proliferate in an uncontrolled way and, in some cases, to metastasize (spread)".

Cancer is a worldwide problem. There is increasing incidence of cancer both in developed and developing countries, as it is one such diseases, which has both public fear and concern cancer is all form is causing about 12% death throughout the world. The magnitude of the problem of cancer in India, can be described as on the explosive dimensions in the last decades alone, the number of cancer patients in the country has tripled thus india has the maximum no of cancer patients among all developing countries one in every 14 Indian is at risk of developing cancer more than 15 million people suffer from cancer at any point of time in india.

Cancers are a large family of diseases which involve abnormal cell growth with the potential to invade or spread to other parts of the body. They form a subset of

neoplasm. A neoplasm or tumor is a group of cells that have undergone unregulated growth, and will often form a mass or lump, but may be distributed diffusely.

Six characteristics of cancer have been proposed:

- self-sufficiency in growth signaling
- insensitivity to anti-growth signals
- evasion of apoptosis
- enabling of a limitless explicative potential
- induction and sustainment of angiogenesis
- Activation of metastasis and invasion of tissue.

The progression from normal cells to cells that can form

Cancer is a general term used to refer to a condition where the body's cells begin to grow and reproduce in an uncontrollable way. These cells can then invade and destroy healthy tissue, including organs. Cancer sometimes begins in one part of the body before spreading to other parts. Cancer is not one disease. It is a group of more than 100 different and distinctive diseases.

Cancer can involve any tissue of the body and have many different forms in each body area. Most cancers are named for the type of cell or organ in which they

start. If a cancer spreads (metastasizes), the new tumor bears the same name as the original (primary) tumor. .

Benign tumors are NOT cancer; malignant tumors are cancer. Cancer is NOT contagious. Cancer is the Latin word for crab. The ancients used the word to mean a malignancy, doubtless because of the crab-like tenacity a malignant tumor sometimes seems to show in grasping the tissues it invades. Cancer may also be called malignancy, a malignant tumor, or a neoplasm (literally, a new growth).

Cancer is often viewed as an acute and usually fatal disease. Cancer is a compendium of stresses which includes the fear and the diagnosis of cancer, the nature of treatment decisions, confronting ones mortality physical implications as well as emotional pain, the adore treatment to be endured and changes that one's social and family environment undergo.

To many patients, stunned by the diagnosis, suffering numerous losses and discomforts, moved from one place to another for one procedure after another the experience is bewildering and frightening. It is only recently that oncologist in general have begun to recognize the emotional impact of these are deals and the fact that emotional states play a role in the tolerably of the treatment, the quality of life perhaps, the outcome of cancer as well as.

The frequency of a particular cancer may depend on gender. While skin cancer is the most common type of malignancy for both men and women, the second most

common type in men is prostate cancer and in women, breast cancer. Cancer frequency does not equate to cancer mortality.

Feeling tired, frazzled,

And stressed?

"If you ask what the single most important key to longevity is, I would have to say it is avoiding worry, stress and tension. And if you didn't ask me, I'd still have to say it."

-George burns

"It is not the experience of today that drives us mad; it is remorse or bitterness for something which happened yesterday and the dread of what tomorrow may bring."

- Unknown

What is bibliotherapy?

Bibliotherapy can be used as an effective tool for helping cancer patients cope with the stressors **(Pardeck, 1994).** Children may not discuss personal problems directly with a teacher or counselor regardless of how much they like or respect them, but they can often project their own problems. The bibliotheraputic approach can be beneficial when working with cancer patients for the following reasons. First, through books, a patient can see how others confronted and solved problems similar to the others. Two, a patient can see how others have encountered anxieties and frustrations, hopes, and disappointments, and then apply this insight to real-life situations. Three, a patient can see how others have solved problems, and with the support of the helping person, gain insight into alternative solutions **(Pardeck and Pardeck 1986).**

Rubin, (2014), the word bibliotherapy came from the two Greek words bib lion (book) and Oepatteid (healing). In the past, bibliotherapy was only used for patients in mental hospitals and for people that were seriously ill, although today it has widespread use. Many educators and adults have resorted to bibliotherapy to help individuals and groups deal with normal and emotional problems they encounter.

Historically many definitions have been written to define what bibliotherapy is. The first written definition was published in Dorland's Illustrated Medical Dictionary in 1941, and defines bibliotherapy as "the employment of books and the reading of them in the treatment of nervous disease." In 1961 the Webster's Third New International Dictionary defined bibliotherapy as "the use of selected reading

materials as therapeutic adjutants in medicine and psychiatry; also guidance in the solution of personal problems through directed reading." Webster added that it is also "the use of selected reading materials as therapeutic adjutants in medicine and psychiatry."

Russell and Shrodes, (2013) "…a process of dynamic interaction between the personality of the reader and literature-interaction which may be utilized for personality assessment, adjustment, and growth".

Shepherd and Iles (2012) "…help a pupil find a book that might help the pupil solve a personal problem, develop skills needed for living, and/or bolster self-image.".

Lundsteen (2011) "…getting the right book to the right child at the right time about the right problem."

Tadel (2010) "Psychology through literature-reading that is used to help solve or prevent problems."

Cornett et al, (2009) as time progressed the shift of researchers focus is clearly from application to the mentally ill to a more widespread population, especially for patients.

Aiex et al., (2008) today the definition of bibliotherapy is simplified to basically books to help people solve problems. The use of literature can be used to help people cope with emotional problems, mental illnesses, or changes that have

occurred in their lives. As a result of the change, it promotes personality and developmental growth.

Cornett et. al, (2009) Bibliotherapy is techniques used for instructing interaction between a facilitator and a participant. It is implemented when a problem exists, the reader becomes personally involved with the situations and characters in the books, and a problem is addressed. Bibliotherapy is not used for deep psychological problems or as a tool for self-motivated reading. If a book is recommended from a friend or librarian to help an individual with a possible situation, is also not bibliotherapy. To truly experience bibliotherapy a plan from a facilitator must be implemented with an individual or group.

MEDICAL DEFINITION OF BIBLIOTHERAPY

The use of selected reading materials as therapeutic adjutants in medicine and in psychiatry; also guidance in the solution of personal problems through directed reading.

"Bibliotherapy is an expressive therapy that uses an individual's relationship to the content of books and poetry and other written words as therapy. Bibliotherapy is often combined with writing therapy. It has been shown to be effective in the treatment of depression. These results have been shown to be long-lasting**"**.

Bibliotherapy is defined as **"...** the use of books selected on the basis of content in a planned reading program… designed to facilitate the recovery of patients suffering

from mental illness or emotional disturbance. Ideally, the process occurs in three phases: personal identification of the reader with a particular character in the recommended work, resulting in psychological catharsis, which leads to rational insight concerning the relevance of the solution suggested in the text to the reader's own experience. Assistance of a trained psychotherapist is advised**.**"**-ABC- CLIO Online**.

The online dictionary for **library and information science** (**2011**) defines Bibliotherapy as:-

"The use of books selected on the basis of content in a planned reading program designed to facilitate the recovery of patients suffering from mental illness or emotional disturbance. Ideally, the process occurs in three phases: personal identification of the reader with a particular character in the recommended work, resulting in psychological catharsis, which leads to rational insight concerning the relevance of the solution suggested in the text to the reader's own experience. Assistance of a trained psychotherapist is advised".

Bibliotherapy is a form of patient education, behavior modification and communicating with patients, families and children who may not be able to express their emotions freely. Some studies reveal that comic book therapy - a specific type of Bibliotherapy - is effective for encouraging patients to express their feelings.

NEED FOR STUDY

Globally lung, stomach and colorectal cancers are leading cancers in male whereas breast, lungs and stomach cancers constitute top three leading cancer sites in women **(WHO, 2013).**

Published in Dawn, October 25th, 2014, "Many patients first go to a traditional healer and by the time they visit a reputable doctor, the disease becomes untreatable," she said. Dr Jahangir Sarwar said October is breast cancer awareness month internationally. We decided to celebrate it first time in Holy Family Hospital. This year our objective is to increase the awareness among general public regarding the importance of early detection.

WHO, CANCER

Fact sheet N - 297

Updated November - 2014

Cancer Worldwide – 14.1 Million Cases		**Cancer Worldwide – 8.2 Million deaths**	
Lung	13%	Lung	19%
Breast	12%	Breast	9%
Bowel	10%	Bowel	9%
Prostate	8%	Prostate	8%

Others	58%	Others	54%

Key facts

- ❖ Cancers figure among the leading causes of morbidity and mortality worldwide, with approximately 14 million new cases and 8.2 million cancer related deaths in 2013.
- ❖ The number of new cases is expected to rise by about 70% over the next two decades.
- ❖ Among men, the 5 most common sites of cancer diagnosed in 2012 were lung, prostate, colorectal, stomach, and liver cancer.
- ❖ Cancer is a leading cause of death worldwide, accounting for 8.2 million deaths in 2012. The most common causes of cancer death are cancers of:
- ➢ lung (1.59 million deaths)
- ➢ liver (745 000 deaths)
- ➢ stomach (723 000 deaths)
- ➢ colorectal (694 000 deaths)
- ➢ breast (521 000 deaths)
- ➢ Esophageal cancer (400 000 deaths).

India has one of highest cancer rates in the world, April 2012. According to these statistics (WHO): cancer rates in India are considerably lower than those in more developed countries such as the united states, data from population based cancer registries in India show that the most frequently reported cancer sites in

males are lung, esophagus, stomach, and larynx. In females, cancers of the cervix, breast, ovary, and esophagus are the most commonly encountered…. In India, the incidence of breast cancer is increasing, with an estimated 80,000 new cases diagnosed annually.

ARTICLE PREDICTS 32% INCREASE IN TOTAL CANCER BURDEN IN TAMILNADU

The total cancer burden in Chennai is predicted to increase by 32 percent in 2012-2016, translating to 55,000 new cases per year in Tamilnadu. Dr. swaminathan who is with the division of epidemiology and cancer Registry, cancer Institute, explained that, of the 32 percent increase predicted for Chennai for the period 201-2016 as compared with the period 2002-2006, 19 percent is attributed to changes in cancer risk (which includes lifestyle, and environment factors, and an increase in registration cases) and 13 per cent due to the impact of demographic changes (population growth). Also lung, stomach, and large bowel cancers, which are also on the rise across the world, will also surpass cervical cancer in Chennai by 2016.

Among men, a 21 per cent decline in the incidence of esophageal cancer by 2016 is being predicted, but this contrasts with the increase in prostate cancer by 42 per cent. The authors have also predicted a 100 per cent increase in thyroid cancers in the future. Tobacco- related cancers accounted for 40-45 per cent of all cancers in men, and 15-20 per cent of all cancers in women in the study group.

Indian Journal of Community-Erode District, Age-Standardized Cancer Incidence Rates – 2013

Erode District	Number of Cases	ASIR PER (1000000) all ages	0 to 14	15 to 24	25 to 49	50 to 74	75+
Male	1246	9.25	0.20	0.21	1.76	6.12	0.97
Female	1567	10.99	0.14	0.21	3.82	6.21	0.60

Cancer Facts & Figures 2014 estimates there will be 1,665,540 new cancer cases in the U.S.

- Among men, prostate, lung, and colon cancer will account for about half of all newly diagnosed cancers.
- Among women, the three most common cancers will be breast, lung, and colon, which together will account for about half of all new cancer cases.

This year's projected 585,720 cancer deaths correspond to about 1,600 deaths every day. Among men and women, lung, colon, prostate, and breast cancers continue to be the most common causes of cancer death, with more than 1 out of every 4 cancer deaths due to lung cancer.

BY COUNTRY IN THE UK

Lung cancer is the second most common cancer in the **UK (2013),** accounting for 13% of all new cases. It is the second most common cancer in both males (14% of

the male total) and females (12%). In 2012, there were 43,463 new cases of lung cancer in the UK 23,770 (55%) in men and 19,693 (45%) in women, giving a male: female ratio of around 12:10.The crude incidence rate shows that there are 77 new lung cancer cases for every 100,000 males in the UK, and 61 for every 100,000 females.

In (2013), Cancer also known as a malignant tumor or malignant neoplasm is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body. Not all tumors are cancerous; benign tumors do not spread to other parts of the body.-Possible signs and symptoms include: a new lump, abnormal bleeding, a prolonged cough, unexplained weight loss, and a change in bowel movements, among others. While these symptoms may indicate cancer they may also occur due to other issues. There are over 100 different known cancers that affect humans.

Tobacco use is the cause of about 22% of cancer deaths. Another 10% is due to obesity, a poor diet, lack of physical activity, and drinking alcohol other factors include certain infections, exposure to ionizing radiation, and environmental pollutants.-In the developing world nearly 20% of cancers are due to infections such as hepatitis B, hepatitis C, and human papillomavirus. These factors act, at least partly, by changing the genes of a cell. Typically many such genetic changes are required before cancer develops approximately 5–10% of cancers are due to genetic defects inherited from a person's parents. Cancer can be detected by certain signs and

symptoms or screening tests. It is then typically further investigated by medical imaging and confirmed by biopsy.

From the **Kidwai Memorial Institute of Oncology 2012** : The estimated number of new cancers in India per year is about 7 lakhs and over 3.5 lakhs people die of cancer each year. Out of these 7 lakhs new cancers about 2.3 lakhs (33%) cancers are tobacco related. From a TOI article dated 28the March 2012: India officially recorded over half a million deaths due to cancer in 2011 – 5.35 lakhs as against 5.14 lakh (2009) and 5.24 lakh (2010).

Dr. Keith Oatley 2011 (both professor and published novelist) has noted that fiction is a useful 'simulation' to help us deal with the challenging and confusing social world around us. As fiction can help us through life by acting as a simulation of real-life situations, reading really can improve us as human beings, it seems. What better way to grow up and mature through life than accompanied by great novels to show us the way?

Since **2007,** over 70 per cent of The Indian population resides in the rural areas; cancer cervix still constitutes the number one cancer in either sex. Based on the data of the PBCRs, the estimated number of new cancers during 2007 in India Was 90.708. The relative five year survival reported some time earlier averaged 48.7 per cent. Key words Cancer cervix - incidence – trend and process relevant data on cancer.

Sandor, (2003)., Reading reduces stress levels by 67%, and a 2003 study also claims that reading can reduce the risk of dementia by up to 35%. So, by spending time with a great novel, you are not only helping yourself feel happy and relaxed, you are also looking out for your future elderly self.

(1991) Bibliotherapy or therapeutic reading is one such psychological treatment for the cancer patients to enhance the coping ability refers to the process of dynamic interaction between the personality of the reader and character, which may be used for personality assessment, adjustment growth. Bibliotherapy is a interaction between the reader and literature in which the emotions are fed for productive use. Bibliotherapy works in a manner similar to psychotherapy and that here a body of imaginative literature can be used to diagnose and treat emotional problems. Sandor (1991) reported changes in adolescent coping self – regulative behaviors using what she called "problem solving" Bibliotherapy.

NCRP (1982), The Indian Council of Medical Research initiated a network of cancer registries under the National Cancer Registry Program (NCRP) in 1981 and data collection commenced in these registries from January 1982. The results on incidence rates provided by the Population Based Cancer Registries (PBCRs) have shown the variation in patterns of cancer in general and that of cancer cervix in particular. Cancer of the cervix has been the most important cancer in women in India, over past two decades. All The urban Population Based Cancer Registries at Bangalore, Bhopal, Chennai, Delhi and Mumbai have shown a statistically significant decrease in incidence rates of this site of cancer.

NCRP (1981), many studies proved that Bibliotherapy was an effective treatment modality in reducing stress, depression and anxiety, distress and improve coping of clients with various life issues. The Indian Council of Medical Research initiated a network of cancer registries under the National Cancer Registry Program (NCRP) in 1981 and data collection commenced in these registries from January 1982. Since then, the registries have provided Information on incidence and patterns of cancer that In terms of quality and validity meet international Standards. In India, the cancer registry perhaps is the only programme for reliable incidence and mortality rates. The NCRP data help in undertaking cancer research whether it is epidemiological, basic or clinical and for planning cancer control. However, India being a vast country, setting up of new registries throughout the country involves enormous cost in establishing and maintaining the same.

Cancer patients face many struggles relating to diagnosis and treatment of their disease. Self esteem is a major concern among cancer patients. Globally it is estimated that there are 7.6 million new cancer causes, of which 52% occur in developing countries. The magnitude problem of cancer in the Indian sub-continent in terms of sheer number is most alarming. The estimated new cases of cancer in India per year are nearly 6.5 lakhs and at the start of the next millenniums estimated to 8.6 lakhs. The cancer in women in the Indian sub-continent constitutes more than 50% of the total cancer. the most common cancer observed by Indian registries are those related to tobacco usage in males while among females, the most common cancer are those of the uterine cervix, breast and oral cavity.

Stress disappointments were soon followed by such a growth and increase in cancer so that it would be quite realistic mental depression is a weighty addiction to the other influences favoring the development of cancer. The patients under go stress because the nature of the illness concept about cancer, prognosis of the disease and nature of the treatment modalities. Especially the middle age people have more stress because of they are more concern about their roles in family, responsibilities and their life's.

Among various diseases, cancer has become a big threat to human beings globally. As per Indian population census data, the rate of mortality due to cancer in India was high and alarming with about 806000 existing cases by the end of the last century. Cancer is the second most disease in India responsible for maximum mortality with about 0.3 million deaths per year.

When we "lose our self" inside the world of a fictional character, we actually end up changing our own behavior and thoughts to match that of the character. In one experiment, researchers examined what happened to people who, while reading a fictional story, found themselves feeling the emotions, thoughts, beliefs and internal responses of one of the characters as if they were their own - a phenomenon the researchers call "experience-taking."

They found that, in the right situations, experience-taking may lead to real changes, even if only temporary, in the lives of readers. For instance, readers who strongly identified with a fictional character who overcame obstacles to vote were

significantly more likely to vote in a real election several days later. This site of cancer constitutes between 11.4 (Thiruvananthapuram) to 30.7 per cent (Chennai) of all cancers in women in these five HBCRs. The rise in the occurrence of cancer was at the later age in Thiruvananthapuram as compared to the other four HBCRs. Over 63 to 89 per cent of all cervical cancer had regional disease at the time of presentation. Around 40 per cent of all cervical cancer patients in Bangalore, Chennai and Mumbai did not receive treatment at the Reporting Institution despite having had a diagnosis of cervical cancer atlas At least five districts1,2 have even higher incidence rates than that recorded at Chennai. Four of these five districts are concentrated in the north eastern region of Tamil Nadu state and Pondicherry. The Atlas has further revealed that this area has also some of the highest incidence rates of penile cancer.

Value of Bibliotherapy

The sources of self-esteem become more integrated, negative and positive consequences can occur when cancer patients with stress. The advantage of an adult who can provide scaffold is that this person can organize the activity in a way that the child is unable to manage for itself **(Bjorklund, 1990).**

Psychological stress describes what people feel when they are under mental or emotional pressure. When people feel that they are unable to manage or control changes caused by cancer or normal life activities, they are in distress. People who

have cancer may find physical, emotional, and social effects of the disease to be stressful.

Some applications of Bibliotherapy

- To develop an individual's self-concept
- To increase an individual's understanding of human behavior or motivations
- To foster an honest self-appraisal
- To provide ways for individuals to find interests outside of themselves
- To relieve emotional or mental pressure
- To show individuals that they are not the only ones with problems
- To show a person that there is more than one solution to a problem
- To help a person discuss a problem more freely

STATEMENT OF THE PROBLEM

"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS IN SELECTED CANCER HOSPITALS, AT ERODE DISTRICT"

OBJECTIVES

- To assess the pretest level of stress among cancer patients in experimental and control group in selected cancer hospitals at Erode district.
- To evaluate the effectiveness of Bibliotherapy on stress among cancer patients in experimental group.
- To compare the post- test stress level among cancer patients in experimental and control group
- To find out the association between the pre tests stress level among cancer patients with their selected demographic variables.

HYPOTHESIS

H_1: There will be significant differences between the pretest and posttest level of stress among cancer patients in experimental group.

H_2: There will be a significant difference between posttest level of stress among cancer patients in experimental and control group.

H_3: There will be an association between the pretest levels of stress among cancer patients with their selected demographic variables.

ASSUMPTIONS

- Cancer Patients may have stress.
- Bibliotherapy is helpful in reducing the stress.

LIMITATIONS

- The study was limited to patients with cancer.
- The data collection period was limited to 6 weeks only.
- The study was not been generalized, since it includes patients in selected hospitals.
- The sample of the study was restricted to 60.

OPERATIONAL DEFINITION

Cancer:-

Cancer is a disease of the cell in which the normal mechanisms of the control of growth and proliferation have been altered. It is invasive, spreading directly to surrounding tissue as well as to new sites of the body. In my study cancer means patient who is diagnosed as the 1st and 2nd stage of cancer with stress.

Stress:-

In this study, stress refers the negative impact of the cancer on physical, mental, social and spiritual health tension as measured by stress assessment scale.

Evaluate:-

It is to examine and judge carefully the effectiveness of Bibliotherapy in reducing stress.

Effectiveness:-

In this study, effectiveness refers to the extent to which Bibliotherapy has achieved the desired objective that is stress reduction among cancer patients as measured by stress scale.

Bibliotherapy:-

In this study, Bibliotherapy refers to a form of intervention applied to reduce stress among cancer patients which includes providing selected reading materials consist of encouraging to read stories, cartoons and power of positive thinkers.

CONCEPTUAL FRAME WORK OF THE STUDY

A concept is an abstract idea or mental image of a phenomenon or reality.

Conceptualization is a process of forming ideas, which utilizes and forms conceptual frame work for the development of research design. A frame work is a basic structure supporting anything.

A conceptual frame work or model is a basic structure or outline of abstract idea image that represent reality. Conceptual frame work is a group of mental images or concepts that are related but relationship is not explicit. The conceptual frame work for the study is based on "general system theory".

Conceptual framework is global about a concept in related to a specific discipline. Conceptual are made up of concepts which discuss the mental images of phenomena and integrate them into a meaningful.

General system theory serves as a model for viewing people as interacting with the environment. The theory was developed by Ludwing Von Bertalanffy in 1968.

General system theory was meant to provide a common language and set of common concept to assist scientists from diverse discipline, to speak and learn from each other. A system is a set consisting of integrated interacting part that functions as whole (E.g. Human Beings).

A system consists of set interacting components with a boundary that filters the type and rate of exchange with the environment. System is composed of both structured and functional components.

A structure refers to the arrangement of the parts at a given time effectiveness of Bibliotherapy on stress among cancer patients.

Function is a process of continuous change in the system as matter; energy and information are exchanged with environment effect of knowledge about Bibliotherapy among cancer patients.

All living systems are open, in that there is continuous exchange of matter; energy and information. Open system has varying degrees of interaction with environment from which the system receives input and gives back output in the form of matter; energy and information.

Input

Input in the general system theory is the term for movement of matter; energy or information from the environment into the system.

In this study, the data from the cancer patients has collected regarding their socio- demographic variables and Bibliotherapy on stress among cancer patients through put.

Throughput

Throughput is the process by which the system transforms and organizes the input, resulting in a re-organization of the input. After pre-test assessment of stress level of any patients with cancer among the researcher identified the outcome, plan research intervention and implementation.

Through put includes the preparation of the bibliotherapy, Pre-test, implementation of bibliotherapy among cancer patients. Throughput includes the process and utilization of bibliotherapy form of matter, energy and information.

Output

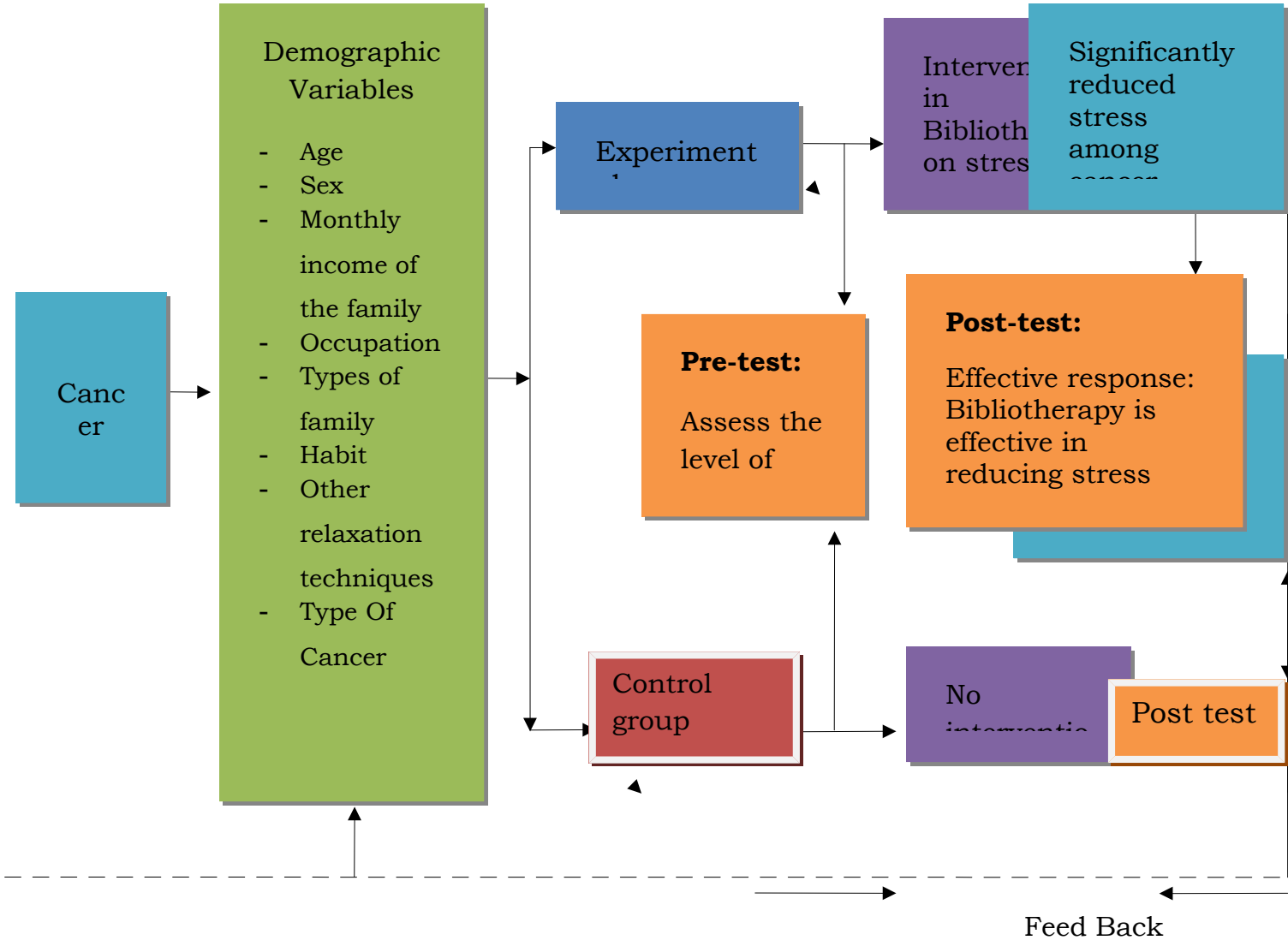
The end product of a system returns output to the environment in an altered state affecting the environment. Through the post-test assessing on stress level among cancer patients. Bibliotherapy (intervention), the output should reduce the stress level among cancer patients.

Feed Back

In the present study, feedback can be measured by the output which should be satisfied in reducing stress among cancer patients, after the Bibliotherapy.

FIGURE: 1

MODIFIED CONCEPTUAL FRAMEWORK BASED ON "LUDWING VON BERTALANFFY" (1968)



CHAPTER – II

REVIEW OF LITERATURE

The term review of literature refers to **"**the activities involved identifying and searching for information on a topic and developing a comprehensive picture of the state of topic and developing a comprehensive picture of the state of knowledge on the topic**"**.

■ **(Polit and Hungler, 2004)**

Diseases or any kind of accident forces a patient to enter into a hospital for a length of time. Admission to hospital interrupts his /her mode of life and needs adjustment/ coping. The individual accustomed modes of life, work and recreation are changed because of illness. The ill individual also goes through emotional distress: these changes can affect the recovery from the disease and also result in prolonged stay at hospital.

The Review Of Literature Grouped Under Following Headings:-

1. Literature related to control measures of Cancer
2. Literature related to Stress
3. Literature related to effectiveness of Bibliotherapy

I) LITERATURE RELATED TO CONTROL MEASURES OF CANCER

Eddy D M., (2014) conducted study on risk factors for oral cancer among rural Indian women a hospital based case control study was carried out to investigate the role of oral cancer risk factors in oral cancer among rural Indian women a case control design was used in which total of 300 subjects. Comprising 150 women with oral cancer. As case 150 control women were studied. As a conclusion they confirmed that the association between habit and oral cancer in women with a low rate of survives in oral cancer among rural Indian women.

Remennick, (2013) conducted study about cancer preventive measures help the people to take preventive and promotive care can seek medical aid in time. She recommended that a planned awareness programs can helps in individuals to understand or gain knowledge regarding risk factors and preventive measures.

Ajai and Denole (2012) conducted study at 254 randomly selected women in Nigeria, which was done to determine the awareness of women about cervical cancer, revealed the knowledge about cancer was poor in these women it was found that 90% had cancer while 15% had heard of cancer. The media and poor were major sources of information on cancer finding suggest that there was a need to educate the women on cancer.

Texas department of health Austin USA (2011) were conducted survey among 900 Mexican American people above their knowledge attitude on Etiology and prevention of cancer. A total of 45% people were interviewed at post test the ratio for the intervention effect were statistically significant for having heard of cancer.

Kim, et, al., (2010) examined cervical cancer screening knowledge and practices of 200 Korean - American women aged 40-60 years at Chicago it was seen that a huge proportion of respondents lacked information about cervical cancer 30% of respondent never heard of the cancer screening respondents reported only 20% of the respondents reported about screening test, and the study also indicated that the awareness and usual sources of health care were significant factors related to having heard about cancer screening.

Angelino L et al., (2009) a literature review of suicide in cancer patients; databases were searched to identify research articles in peer-reviewed journals from 1999 to 2009. The variables under study included suicide rate, cancer type, demographic characteristics, and signs and symptoms associated with suicide. In addition, articles focused on suicide risk assessment tools were also included. Twenty-four articles met the inclusion criteria. As in the general population, suicide risk was higher among men with cancer as compared with women with cancer. Patients aged 65 years or older with cancer have a higher rate of suicide compared with those younger than 65 years, with rates highest among men 80 years or older. Specific diagnoses associated with higher suicide rates include prostate, lung, pancreatic, and head and neck cancers. The first year after diagnosis carries a higher risk for completed suicide. Multiple risk assessment tools have been developed and are effective in identifying patients with depression or hopelessness, factors associated with higher risk for suicide. However, no tools exist that sensitively and specifically predict suicide.

Jeff Niederdeppe1 and Andrea Gurmankin Levy (2008) Data were analyzed from the first wave of the Health Information National Trends Survey (HINTS 2003). HINTS used random-digit dialing to complete phone interviews with adult Americans (N = 6,369).Nearly half of respondents (47.1%) agreed that "It seems like almost everything causes cancer, 27.0% agreed that "There's not much people can do to lower their chances of getting cancer, and 71.5% agreed that "There are so many recommendations about preventing cancer, it's hard to know which ones to follow." These beliefs were stronger in subjects who were less educated but generally weaker among both African Americans and Hispanics relative to Whites. Fatalistic beliefs about cancer prevention were negatively associated with exercising weekly, not smoking, and eating five or more fruits and vegetables daily in multivariate analysis controlling for socio demographic characteristics.

Richard C Schwartz (2007) Epidemiological studies linking dietary fat intake and obesity to breast cancer risk has produced inconsistent results. This may be due to the difficulty of dissociating fat intake from obesity, and/or the lack of defined periods of exposure in these studies. The pubertal mammary gland is highly sensitive to cancer-causing agents. We assessed how high fat diet (HFD) affects inflammation, proliferative, and developmental events in the pubertal gland, since deregulation of these can promote mammary tumor genesis. To test the effect of HFD initiated during puberty on tumor genesis, we utilized BALB/c mice, for which HFD neither induces obesity nor metabolic syndrome, allowing dissociation of HFD effects from other conditions associated with HFD. Pubertal BALB/c mice were fed a low fat diet

(12% kcal fat) or a HFD (60% kcal fat), HFD elevated mammary gland expression of inflammatory and growth factor genes at 3 and 4 weeks of diet. Three weeks of HFD induced a transient influx of eosinophils into the mammary gland, consistent with elevated inflammatory factors. At 10 weeks, prior to the appearance of palpable tumors, there were increased numbers of abnormal mammary epithelial lesions, enhanced cellular proliferation, and increased growth factors.

In 1995 government of India and WHO, conducted research to find out the incident rate of cancer in India conducted a descriptive survey in India. The study compared the incidence rate in rural and urban areas. The crude incidence rate of cancer in India varied between 57.5 and 78.5 per 1000 per 1000men and 89.7 per 1000 women in urban registry areas. Incidence rate in rural registry are lower (46.2 and 57.7 per 1000 in males and females respectively) compared to urban area. A cross sectional study was conducted about the mental symptoms hostility features and stress in people with cancer. The sample consisted of 100 patients (59 men and 41 females) suffering from cancer women reported lower score than men on total hostility (women SD-3.07, r=0.16 and men SD- 3.64,$p < 0.05$) on anxiety 58% of the females and 49% of the men patients experience severe anxiety(women SD- 4.13,r= 0.29, $p<0.01$ and men SD- 3.86, r=0.10, $p<0.01$). On the modified schedule of the significant score than male incase of stress (men SD-63.56, r= 0.02, and females SD-6253, r= 0.24, $p <0.001$). This should that cancer patients experience severe stress, anxiety, depression and hostility features.

II) LITERATURE RELATED TO STRESS

Hadzi Posic (2013) conducted a study to explore the role of acute and chronic stress in development of cancer. Two groups of examinees were studied. A control group of 170 healthy persons and experimental group of 170 patients with cancer. The group of patients after chemotherapy. A semi- standardized interview was used to assess the existence of acute and chronic stress in the studied examinees. The data showed that chronic stress is an important risk factor development of cancer.

Borger R.L (2012) conducted a study to assess the association between stress and risk of cancer patients. A Meta analysis of references derived from pub med, embrace was performed without language restrictions. The author selected prospective studies of cohorts of initially healthy person if which stress was assessed at baseline. Twenty studies reporting on incident cancer comprised 2499, 846 person with a mean follow up period. Stress persons were at risk of cancer and stress seemed to be an independent risk factor for incident depression.

Morimoto S., (2011 Feb) conducted that the research has shown that individual with a high level of paranoia use more avoidant stress strategies. These results suggested that people with paranoid ideation keep using the negative relationship – strategies and reduce positive relationship – oriented strategies if the primary stress strategies do not work well.

Geiger et al, (2010) conducted a study on hospitalization of cancer patients is a stressful experience to the patients. A moderate stress is good for an individual, too

much of stress may have adverse effect on the ability of patients to cope with and recover from illness (seyle, 1965). Disease condition related stress refers to physical or mental strain or distress perceived by nursing personnel while working in clinical area. It is categorized as mild, moderate and severe as per the stress scores of cancer patients. In this study, a stress reaction refers to physical and psychological response of nursing personnel to manage the perceived stress. It is categorized in to rarely, occasionally and frequently. The stress strategies denote the taken by the cancer patients to manage the perceived stress such as seeking social support, problem solving and relaxation techniques such as reading books and stories by the cancer patients.

Sandler, Barrera M Jr. (2009) conducted that the toward a multi- method approach to assessing the effects of social support. Conflicted network size was positively related to symptoms of cancer and increased the relationship between stress and symptoms among cancer patients. By the research group, 90% of the patients with lung cancer reported a high level of stress symptoms close to the diagnosis, such as intrusive thoughts and an avoidance behavior. Emotional and psychological stress contributes to the onset and progression of breast cancer and cancer mortality.

III) LITERATURE RELATED TO EFFECTIVENESS OF BIBLIOTHERAPY

Smith, Oncologist (2013), conducted study on bibliotherapy reduces stress and improves the emotional and well-being of breast cancer patients, new study findings.

The two- year trial included 30 patients at saint's Joseph hospital Chicago, aged 55 and older, randomly assigned to either a bibliotherapy group or to a usual control group. The stress level of patient was assessed every six months. Emotional and psychological stress contributes to the onset and progression of breast cancer and cancer mortality.

Dr.Hamer, a German (2012) Oncologist conducted study about theorizing there was a connection between stress and cancer after the stress of his son's death was followed by his development of study on cancer. Conducted a study to investigate the effects of a bibliotherapy on anxiety, depression, and stress count in patients who underwent chemotherapy. Based on over 40,000 case studies, over a number of years he developed a theory that every disease originates from a shock or trauma that catches us by surprise. The moment unexpected conflict occurs the shock strikes a specific area in the brain causing a lesion (called hamer focus). Stress wipes out the symptoms, and as Dr. Hamer has so clearly discovered, UN dealt with emotional issues may well lead to stress and cancer.

Judith A Collins (2011) Conducted True experimental study to examine the effect of Bibliotherapy on psychological and physiologic outcomes in adults with cancer. More instruction sessions on the Bibliotherapy method may have resulted sessions on the Bibliotherapy method may have resulted in more positive outcomes. However, within the group scores for interpersonal sensitivity and depression, the reduction in heart rate and the receptivity of subjects to this intervention suggest that it may be a feasible and helpful therapy for patients in rehabilitation program.

A lireza (2010) conducted a randomized controlled trial to assess the effectiveness of bibliotherapy in the clinical management of chemotherapy related to side effects of drugs as an adjuvant intervention to accompany pharmacological treatment for cancer patients. Seventy – one breast cancer patients of an outpatient oncology unit with 38 subjects randomized to the experimental group and 33 to the control group. The intervention included the use of Bibliotherapy for chemotherapy patients. The significant effects were mainly evident on the cancer patients, when differences were statically significant.

Gaines T et al, (2009) conducted a study on the effect of a self- monitored stress among male adolescent cancer patients. Existing research includes both group- and single- case studies implementing treatments. The design of this study was single-subject with multiple baselines to measure the stress level. The setting was a residential juvenile justice program for male patients, and treatment was a bibliotherapy.

Kim SD et al, (2008) conducted a study to investigate the effects of a bibliotherapy on anxiety, depression, and stress count in patients who underwent chemotherapy. Thirty – five patients randomly selected, with 18 assigned to a control group. This therapy intervention was applied to the exercise group of cancer patients for 30 minutes every day for 6weeks. These indicate that a bibliotherapy would reduce stress level and improve coping ability among cancer patients.

Saced sadeghian, (2007) a study was conducted on regarding the effectiveness of bibliotherapy on stress reduction among cancer patients in selected setting in Mangalore. An experimental approach with pre test- post test group design was used for the study. The sample consisted of 50 cancer patients selected by simple randomized sampling method. Data were collected by administering stress rating scale prepared by the investigator.

Holmes, (2006) conducted study on a life threatening illness such as breast cancer can lead to secondary diagnosis of PTSD (post traumatic stress disorder) with intrusive thoughts and avoidance as major symptoms. In a former study by the research group, 80% of the patients with breast cancer reported a high level of stress symptoms close to the diagnosis, such as intrusive thoughts and an avoidance behavior.

Lee DT (2005) conducted a longitudinal, randomized and controlled study to examine the effect of bibliotherapy on the psychologic status and symptoms of stress among older Chinese cancer patients. The 59 patients were allocated to receive a bibliotherapy program and 62 were provided with the attention placebo. A medium effect on psychologic distress in favor of the bibliotherapy program was detected. Bibliotherapy seems to be useful as an adjunctive non pharmacologic treatment modality in the management of stress with cancer patients.

CHAPTER III

METHODOLOGY

Methodology is the major phase of research in which the investigator makes a number of decisions about the methods and materials to be used to study research problem basically through the collection of data. These methodological decisions generally have several implications for the validity and reliability of the study findings.

(Polit and Hungler, 1999)

The methodology includes description of research approach, research design, site and setting, sampling technique, development of the tool, validation of the tool and the reliability, methods of data collection, pilot study and plan for statistical analysis.

This chapter deals with the methodological approach that was adopted for the study. The present study aimed to evaluate the effectiveness of bibliotherapy on stress among cancer patients in selected cancer hospitals, Erode district.

RESEARCH APPROACH

Research approach is the most significant part of any research. The appropriate choice of the research approach depends on the purpose of the research study which is undertaken educative – evaluative approach. The research approach adopted for this study is an evaluative approach.

RESEARCH DESIGN

For this study the research design chosen is true experimental design which includes manipulation, control, and randomization.

SCHEMATIC REPRESENTATION OF THE RESEARCH DESIGN:

True experimental design: - Educative - evaluative approach.

Group	Pre Assessment	Intervention	Post assessment
Experimental	O_1	X	O_2
Control	O_1	-	O_2

Key:

O_1 - Pre assessment level of stress among cancer patients.

X - Bibliotherapy.

O_2 - post assessment level of stress among cancer patients.

VARIABLES:

Variables are concepts at various manipulated levels of abstraction that are measured or controlled in the study. The variables mainly included in this study are independent, dependent variables and extraneous variables. Dependent variables explain the effect of independent variables.

- **INDEPENDENT VARIABLES:**

Bibliotherapy is the independent variable.

- **DEPENDENT VARIABLES:**

Level of stress among cancer patients is the dependent variables.

- **EXTRANEOUS VARIABLES:**

Extraneous variables in this study are age, sex, monthly income, occupation, habit, other relaxation techniques and type of cancer.

POPULATION

All cancer patients in selected cancer hospitals, at Erode district.

SAMPLE

Cancer patients who fulfill the inclusion criteria

SAMPLE SIZE

Among 60 samples, 30 were in experimental and 30 were in control group.

SAMPLE TECHNIQUE

Simple randomized sample technique was used, in that lottery method was done.

SITE AND SETTING

SITE

The site selected for present study is Erode Cancer Center, Erode district.

SETTING

The setting selected for present study is cancer unit.

CRITERIA FOR SAMPLE SELECTION

INCLUSIVE CRITERIA:

1) Cancer patients who are intrested to participate in this study.

2) The cancer patients are both male and female.

3) Who are available at the time of data collection.

4) The cancer patients who ever going for other therapies.

EXCLUSIVE CRITERIA:

1) Cancer patients there who are suffering from eye disorders

2) Cancer patients who are uneducated.

3) Cancer patients who are suffering from other mental disorders.

SELECTION AND DEVELOPMENT OF THE TOOL

Trace and track emphasized that the instrument selected in research should be as far as possible of the vehicle that would be to obtain data for drawing conclusions that are pertinent to study.

The tool was divided into three parts. A rating scale was prepared based on the literature review and in consultation with the experts in the field of mental health nursing.

DESCRIPTION OF DATA COLLECTION INSTRUMENT

The instrument used for data collection was organized into 2 sections.

Section 1: Demographic Variables

Section 2: DASS - Modified Stress Assessment Scale

SECTION 1: DEMOGRAPHIC VARIABLES PROFORMA

The demographic proforma consists of 8 items which are age, sex, monthly income, occupation, habit, type of family, other relaxation techniques and type of cancer.

SECTION 2: RATING SCALE

The stress rating scale questions were in the statement form. There were four options in the scale like never, sometimes, often, very often having 0, 1 , 2, 3 scores respectively.

SCORE INTERPRETATION

Mild : 0 -30

Moderate : 31 -60

Severe : Above 60

DASS - modified stress assessment scale was designed to determine the different level of stress that was categorized under following areas.

Subsection I : 10 questions related to Physical

Subsection II : 10 questions related to Psychological

Subsection III : 10 questions related to Social

VALIDITY AND RELIABILITY

VALIDITY

Polit and Hungler (2004) states that content validity refers to the degree to which an instrument measure what it is suppose to measure. The validity of tool was established in consultation with experts, physicians, mental health nursing experts. The tool was modified according to the suggestion and recommendation of the experts.

RELIABILITY

The reliability of the instrument was estimated by Karl Pearson co – efficient correlation. The reliability value of the instrument was (r = 0.9) and it was found to be reliable.

PILOT STUDY

It is a small scale version or trail run of the main study.

Pilot study conducted in Ramya Nursing Home, Nambiyur, Erode District, Tamilnadu with 6 samples taken after obtaining permission from the respected hospital and prior information was given to the participants and study was conducted. The purpose of the study was explained to the subjects.

Data analysis was done by using descriptive inferential statistics and found that the study was feasible.

DATA COLLECTION PROCEDURE

After completion of the pilot study, written permission was obtained from Erode Cancer Center, Erode for conducting research study. The feasibility of conducting the research was ensured. The study was conducted from 28.08.2014 to 06.10.2014 and consent was obtained from the patients. The information pertaining to demographic data was collected. Pretest was conducted with the help of structured questionnaire to assess the level of stress among cancer patients.

After the pretest experimental group underwent bibliotherapy on the same day and for 5 consecutive days. All the selected cancer patients were informed regarding posttest which was scheduled exactly after 5 days of administration of bibliotherapy. Posttest was done on the same group with the help of same structured questionnaire which was used in the pretest for both experimental and control group.

PLAN FOR STATISTICAL ANALYSIS

Data analysis is the systematic organization and synthesis of research data and testing of research hypothesis using those data.

The data obtained was planned to be analyzed on the basis of the objectives of the study using descriptive and inferential statistics.

- Organize data in master coding sheet.
- Demographic variables are to be analyzed in terms of frequencies and percentage.
- Stress score are to be presented in form of mean, mean percentage and standard deviation.
- Chi – square test was used to determine the association between level of stress and demographic variables.

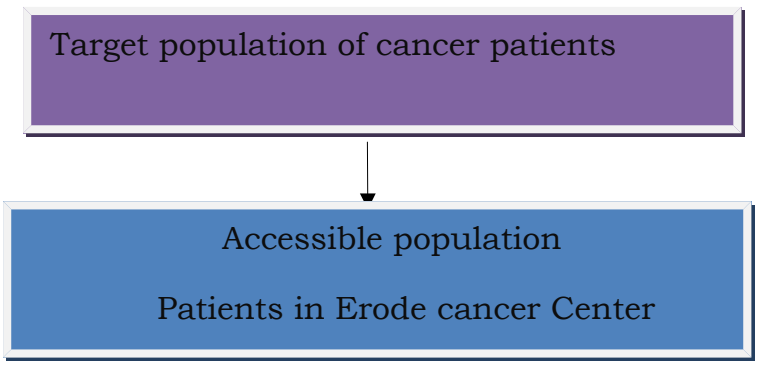
Sl. No	Data Analysis	Methods	Remarks
1.	Descriptive	Mean, percentage, Standard deviation	Assess the level of stress among cancer patients
2.	Inferential Statistics	Paired 't' test Unpaired 't' test Chi – Square test	Comparison of pretest and posttest level of stress among experimental group. Comparison of posttest level of stress between experimental and control group Analysis the association between their selected demographic variables

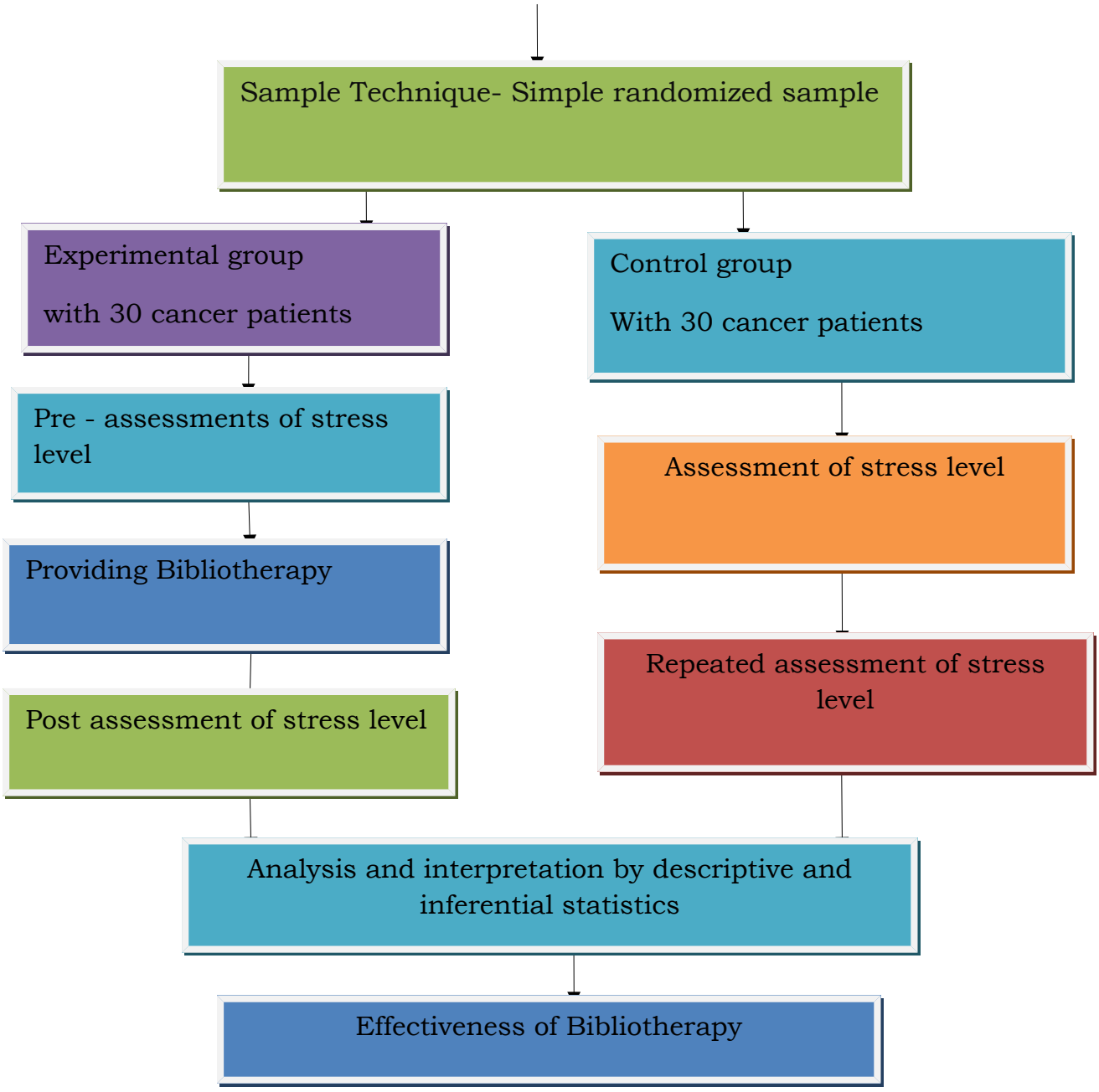
ETHICAL CLEARANCE

- The study was performed after getting approval from the principal, DMIPSR College of Nursing.
- Permission was obtained from the medical director of selected hospital.

- The purpose of the study was explained to the subjects and interview was conducted after assuring confidentiality.

SCHEMATIC REPRESENTATION OF THE STUDY DESIGN




Sample Technique- Simple randomized sample
Experimental group
with 30 cancer patients
Control group
With 30 cancer patients
Pre - assessments of stress level
Assessment of stress level
Providing Bibliotherapy
Repeated assessment of stress level
Post assessment of stress level
Analysis and interpretation by descriptive and inferential statistics
Effectiveness of Bibliotherapy

CHAPTER – IV

ANALYSIS AND DATA INTERPRETATION:-

Analysis is the process of categorizing, organizing, manipulating, and summarizing the data to obtain answers to research question. The purpose of analysis to reduce data to intelligible and interpretable form which the relations of research problem can be studied and tested.

- **Polit (2004)**

STATISTICAL ANALYSIS

The data obtained was classified, tabulated and the following analysis was performed in fulfilling the objectives of the study. The data analysis involves the translation of the information collected during the course of the research project into interpretable, convenient and descriptive terms and to draw inferences from them using statistical methods. The purpose of analysis is to summarize, compare and test the proposed relationships and inferential findings.

OBJECTIVES OF THE STUDY

1) To assess the pretest level of stress among cancer patients in experimental and control group at selected cancer hospitals.
2) To evaluate the effectiveness of Bibliotherapy on stress among cancer patients in experimental group.
3) To compare the posttest level of stress among cancer patients in experimental and control group.

4) To find out association between the pretest levels stress among cancer patients with their selected demographic variables.

.ORGANIZATION OF FINDINGS

Selection - I	1) Distribution of demographic variables of respondents.
Selection - II	2) Assess the level of stress among cancer patients in experimental and control group in selected cancer hospitals at Erode district.
Selection- III	3) Evaluate the effectiveness of Bibliotherapy on stress among cancer patients in experimental group.
Selection- IV	4) Compare the posttest level of stress among cancer patients in experimental and control group.
Selection - V	5) Find out the association between pretest levels of stress among cancer patients with their selected demographic variables.

HYPOTHESIS OF THE STUDY

H_1 : There will be significant differences between the pretest and posttest level of stress among cancer patients in experimental group.

H_2 : There will be a significant difference between posttest levels of stress among Cancer patients in experimental and control group.

H_3 : There will be an association between the pretest levels of stress among Cancer patients with their selected demographic variables

SECTION – I

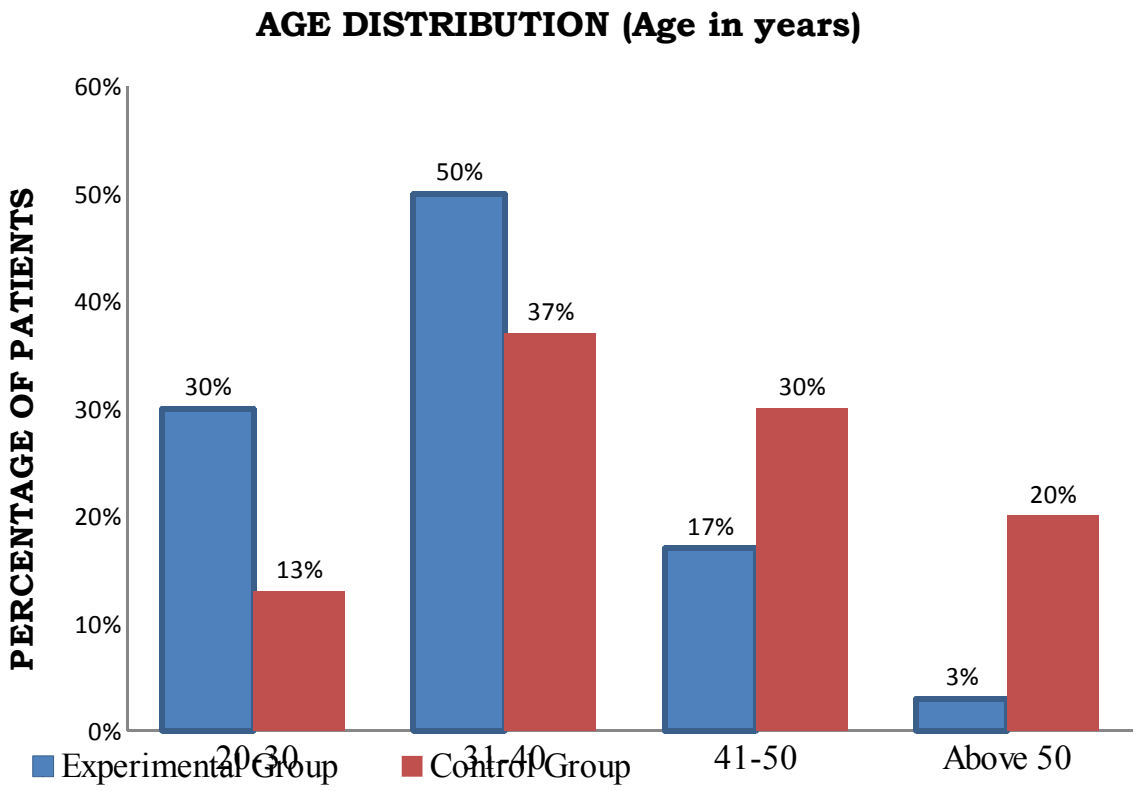
DISTRIBUTION OF SAMPLES ACCORDING TO SELECTED DEMOGRAPHIC VARIABLES (N=60)

TABLE - 1 FREQUENCY AND PERCENTAGE DISTRIBUTION OF SAMPLE ON DEMOGRAPHIC VARIABLES

S. No	Demographic Variables	Experimental Group (n= 30)		Control Group (n=30)	
		Frequency	Percentage	Frequency	Percentage
1.	**Age (in years)**				
	a) 20-30	9	30%	4	13%
	b) 31-40	15	50%	11	37%
	c) 41-50	5	17%	9	30%
	d) Above 50	1	03%	6	20%
2.	**Sex**				
	a) Male	22	73%	21	70%
	b) Female	8	27%	9	30%
3.	**Monthly income of the Family**				
	a) Below Rs. 5000	10	34%	4	14%
	b) Rs.5001-10,000	19	63%	13	43%
	c) Rs. Above 10,000	1	03%	13	43%
4.	**Occupation**				
	a) Government Employee	8	27%	7	23%
	b) Private Sector	13	43%	19	63%
	c) Others	9	30%	4	14%

S. No	Demographic Variables	Experimental Group (n=30)		Control Group (n=30)	
		Frequency	Percentage	Frequency	Percentage
5.	**Type of Family**				
	a) Nuclear Family	20	67%	8	27%
	b) Joint Family	10	33%	20	67%
	c) Extended Family	0	0%	2	6%
6.	**Habit**				
	a) Smoking	6	20%	1	3%
	b) Alcohol	9	30%	12	40%
	c) Both	7	23%	7	23%
	d) Others	8	27%	10	34%
7.	**Other Relaxation Therapies**				
	a) Yoga	8	26%	2	7%
	b) Meditation	11	37%	16	53%
	c) Games	5	17%	8	27%
	d) Others	6	20%	4	13%
8.	**Type of Cancer**				
	a) Oral Cancer	11	37%	4	13%
	b) Stomach Cancer	7	23%	12	40%
	c) Lung Cancer	9	30%	12	40%
	d) Others	3	10%	2	70%

FIGURE : 3 BAR DIAGRAM SHOWING THE DISTRIBUTION OF SAMPLE PERCENTAGE ACCORDING TO AGE

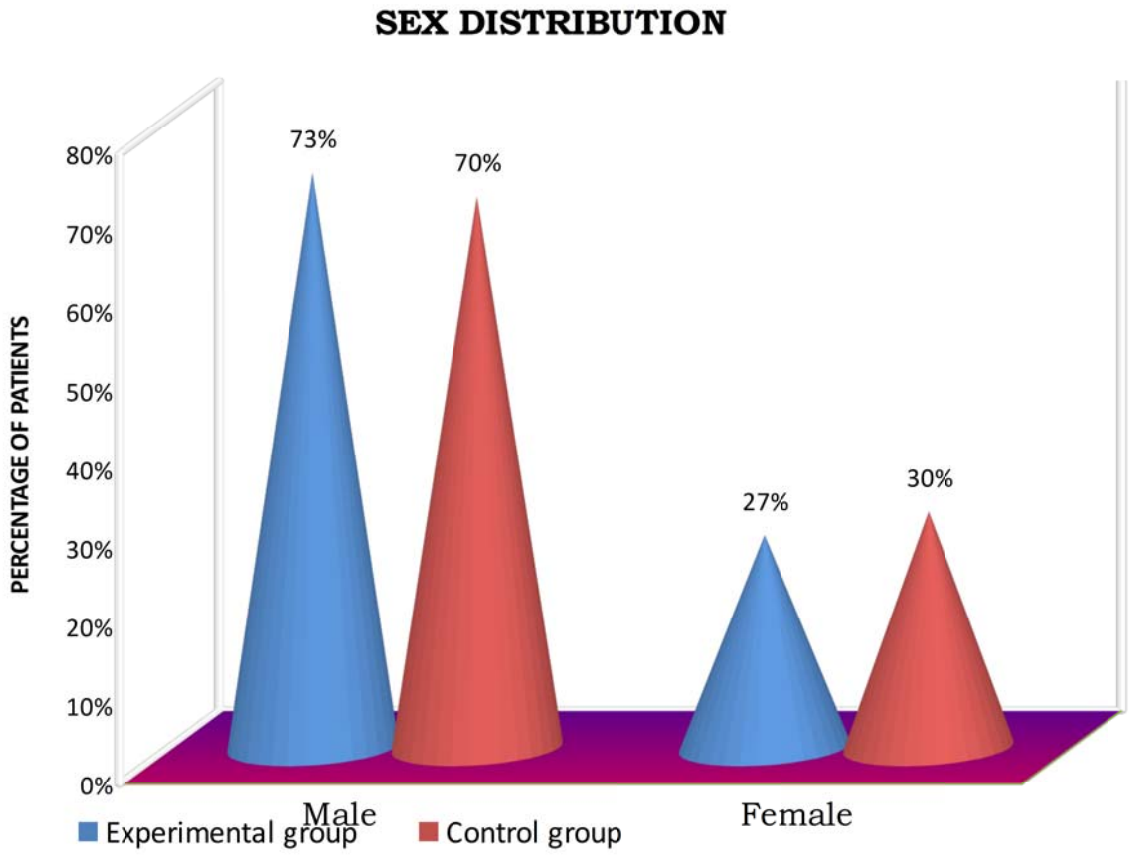


The data presented in the above diagram is according to the age of patients in experimental group, 9(30%) of the samples are in the age group of 20- 30years, 5(17%) of the samples are in the age group of 41-50 years, 1(3%) of the samples are in the age group of above 50 years.

Similarly, in control group, 4 (13%) of the samples are in the age group of 20-30 years, 11 (37%) of the samples are in the age group of 31- 40 years, 9(30%) of the samples are in the age group of 41-50 years, 6(20%) of the samples are in the group of above 50 years.

FIGURE : 4

CONICAL DIAGRAM SHOWING THE DISTRIBUTION OF SAMPLE PERCENTAGE ACCORDING TO SEX

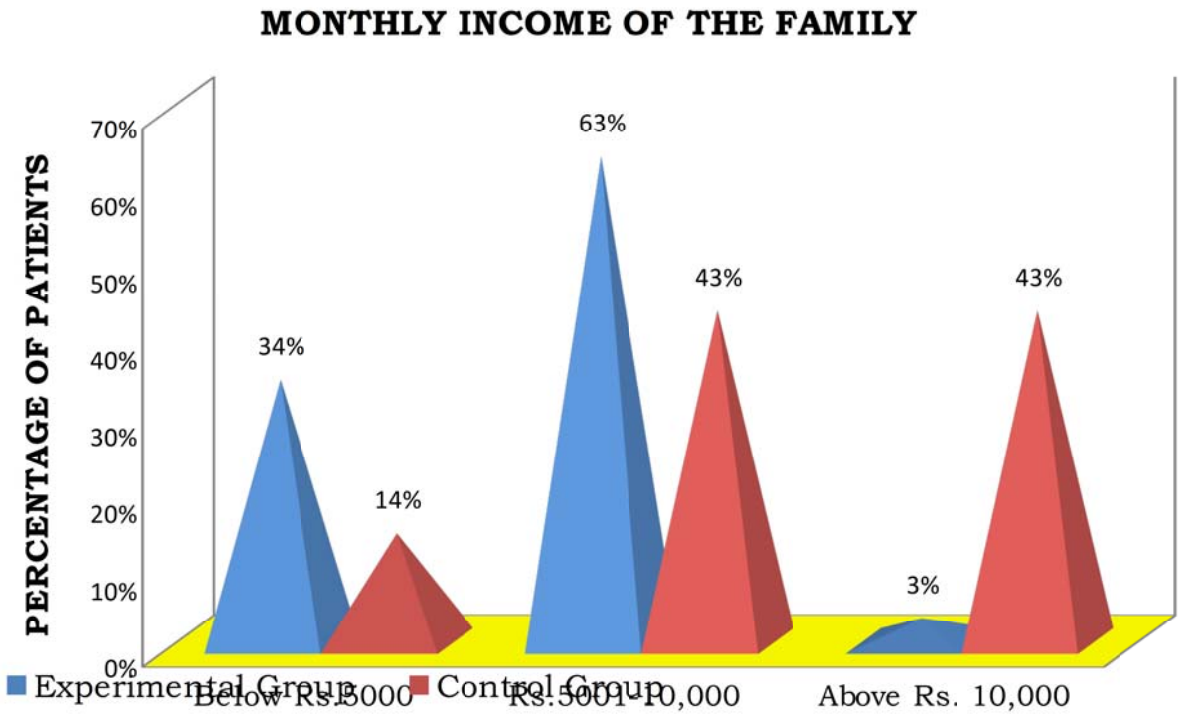


The above diagram represents gender of patients in experimental group, 22 (73%) of the samples are male patients and 8 (27 %) of the samples are female patients.

Similarly, in control group, 21 (70%) of the samples are male patients and 9 (30%) of the samples are female patients.

FIGURE : 5

PYRAMIDAL DIAGRAM SHOWING THE DISTRIBUTION OF SAMPLE PERCENTAGE ACCORDING TO MONTHLY INCOME OF THE FAMILY

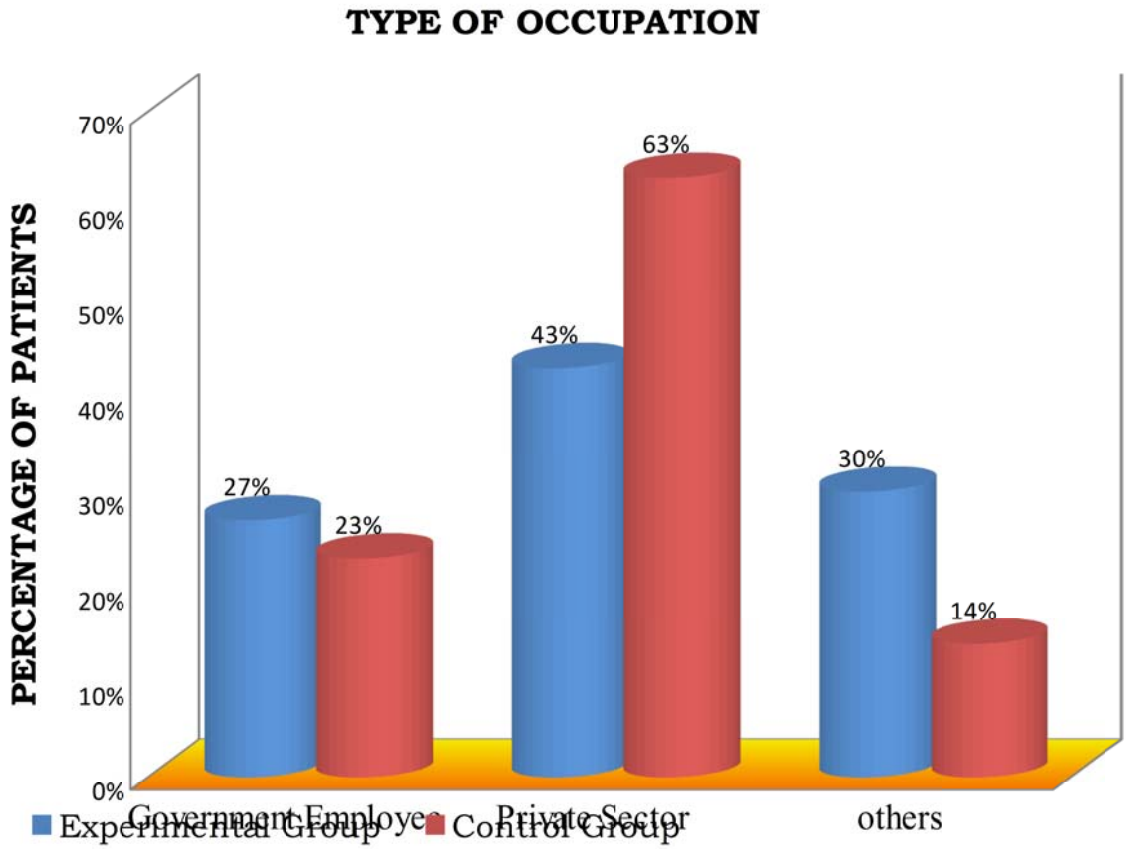


It is observed that according to the monthly income of patients, in experimental group, 10 (34%) of the samples are in the monthly income of Rs 5, 000/-, 19 (63%) of the samples are in the monthly income of Rs. 5,001- 10,000, 1(3%) of the samples are in the monthly income of above Rs. 10,000.

Similarly, in control group, 4 (14%) of the samples are in the monthly income of below Rs. 5, 000/-, 13 (43%) of the samples are in the monthly income of Rs. 5,001-10,000, 13(43%) of the samples are in the monthly income of above Rs. 10,000.

FIGURE : 6

CYLINDRICAL DIAGRAM SHOWING THE DISTRIBUTION OF SAMPLES PERCENTAGE ACCORDING TO TYPE OF OCCUPATION

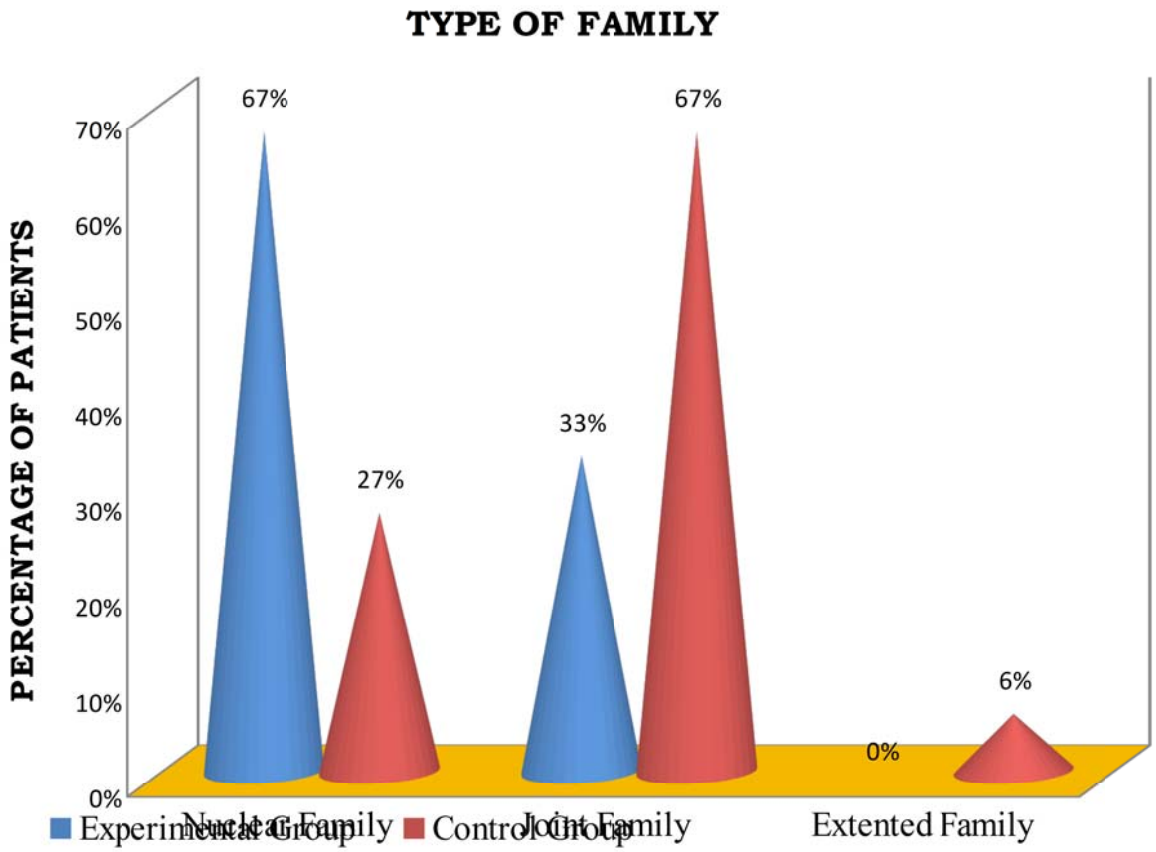


The above diagram represents type of occupation of patients, in experimental group, 8(27%), of the samples are working as government employee and 13 (43%), of the samples are working in the private sectors, and 9 (30%) of the samples are coming under other occupation.

Similarly, in control group, 7(23%), of the samples are working as government employee and 19 (63%), of the samples are working in the private sectors, 4 (14%) of the samples are coming under other occupation.

FIGURE : 7

CONICAL DIAGRAM SHOWING THE DISTRIBUTION OF SAMPLE PERCENTAGE ACCORDING TO TYPE OF FAMILY

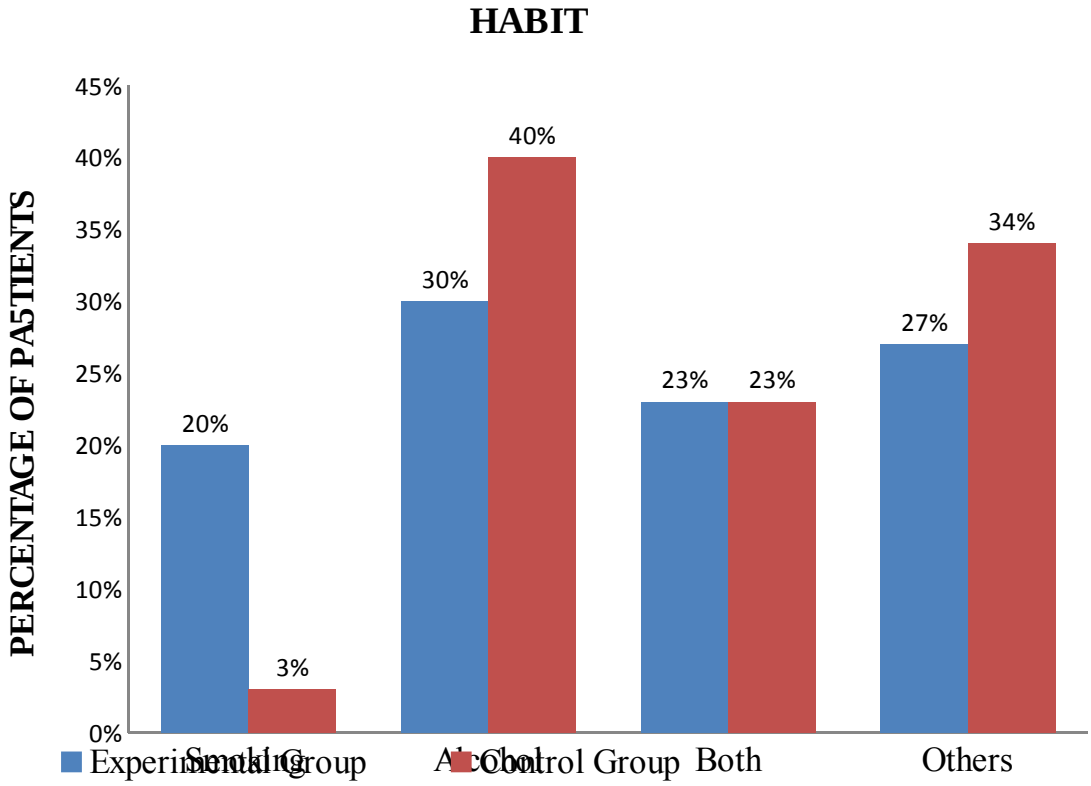


The above diagram represents type of family of patients in experimental group, 20(67%), of the samples are nuclear family, 10 (33%) of the samples are joint family, and where as none of the samples are extended family.

Similarly, in control group, 8(27%), of the samples are nuclear family, 20 (67%) of the samples are joint family, and 2(6%) of the samples are comes under extended family.

FIGURE : 8

BAR DIAGRAM SHOWING THE DISTRIBUTION OF SAMPLE PERCENTAGE ACCORDING TO HABIT

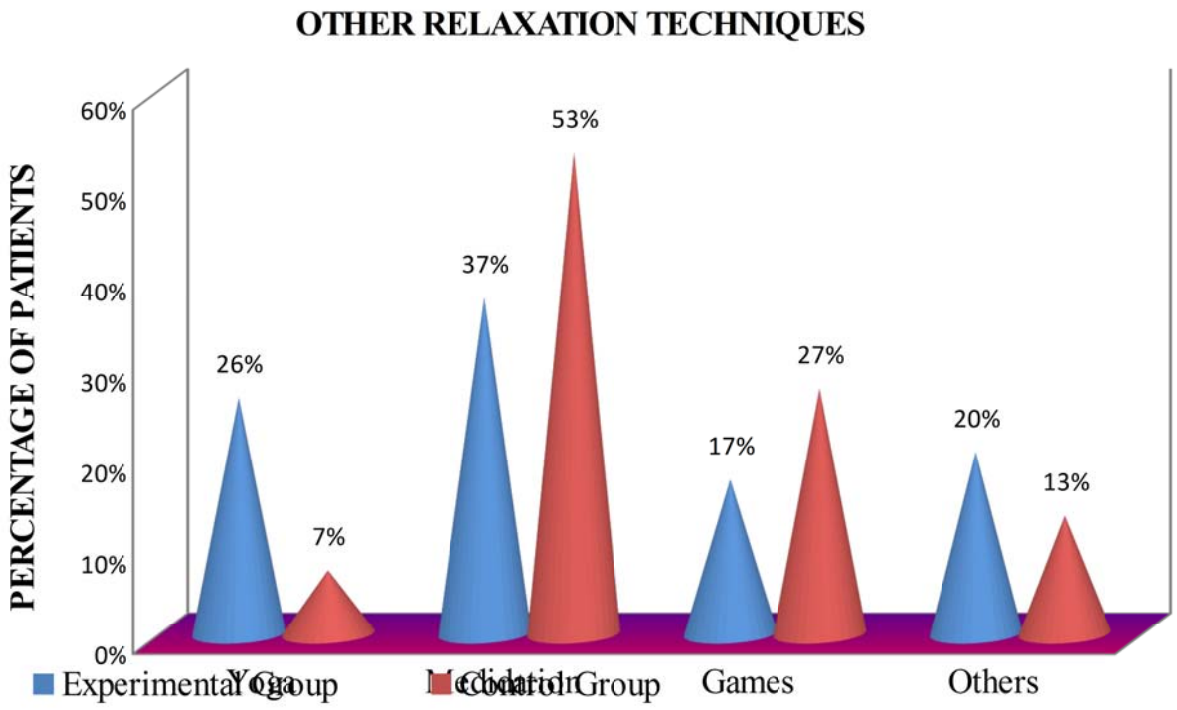


The data represented in the above diagram is according to the habit of patients, in experimental group 6(20%) of the samples have the habits of smoking, 9(30%) of the samples have the habits of alcohol, 7 (23%) of the samples have the habit of smoking and alcohol, and 8 (27%) of the samples have the other habits.

Similarly, in control group 1(3%) of the samples have the habits of smoking, 12(40%) of the samples have the habits of alcohol, 7 (23%) of the samples have the habits smoking and alcohol, 10 (34%) of the samples have the other habits.

FIGURE : 9

CONICAL DIAGRAM SHOWING THE DISTRIBUTION OF SAMPLE PERCENTAGE ACCORDING TO OTHER RELAXATION TECHNIQUES



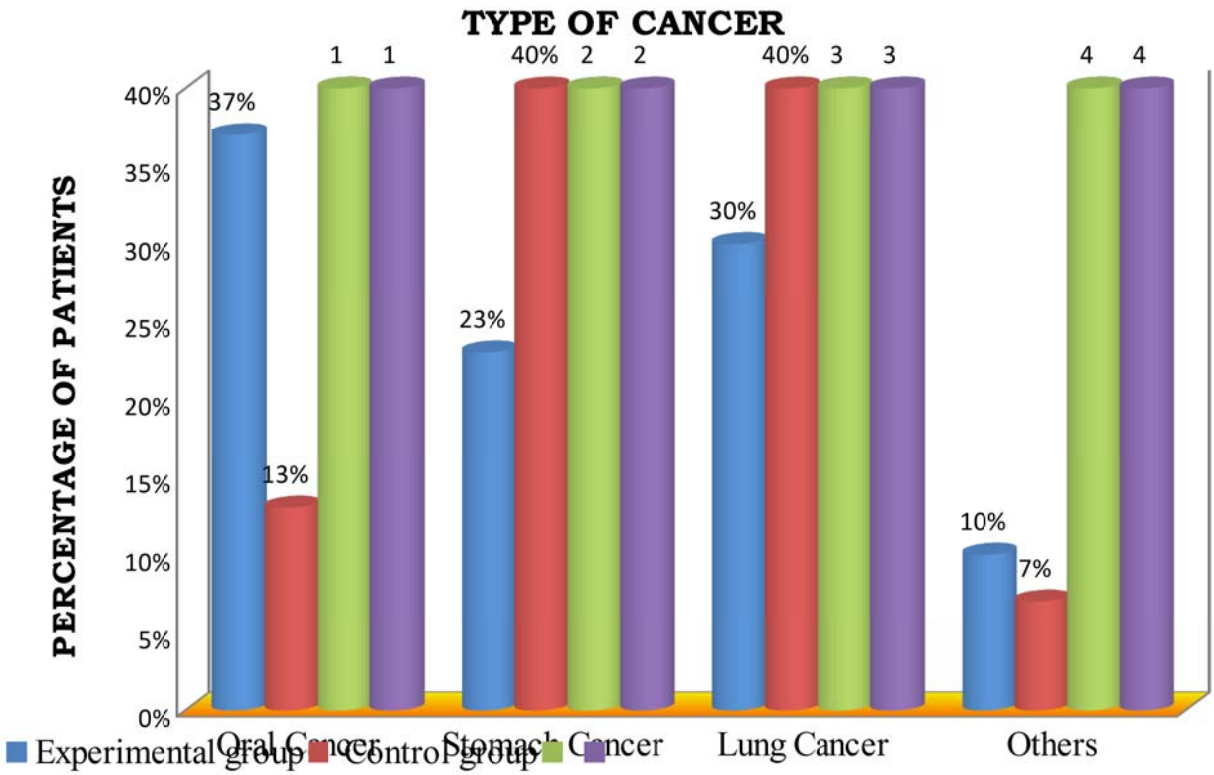
The above diagram represents other relaxation techniques of patients in experimental group, 8(26%) of the samples have the relaxation techniques of yoga, 11(37%) of the samples have the relaxation techniques of meditation, 5(17%) of the samples have the relaxation techniques of games and 6 (20%) of the samples have the relaxation techniques of others.

Similarly, in control group, 2(7%) of the samples have the relaxation technique of yoga, 16(53%) of the samples have the relaxation technique of

meditation, 8(27%) of the samples have the relaxation technique of games, and4 (13%) of the samples have the relaxation technique of others.

FIGURE : 10

CYLINDRICAL DIAGRAM SHOWING THE DISTRIBUTION OF SAMPLE PERCENTAGE ACCORDING TO TYPE OF CANCER



The above diagram represents type of cancer affected in experimental group, 11(37%) of the samples are affected with oral cancer, 7(23%) of the samples are affected with stomach cancer, 9(30%) of the samples are affected with lung cancer, and 3 (10%) of the samples are affected with other type of cancer.

Similarly, in control group, 4(13%) of the samples are affected with oral cancer, 12(40%) of the samples are affected with stomach cancer, 12(40%) of the samples are affected with lung cancer, and 2 (7%) of the samples are affected with other type of cancer.

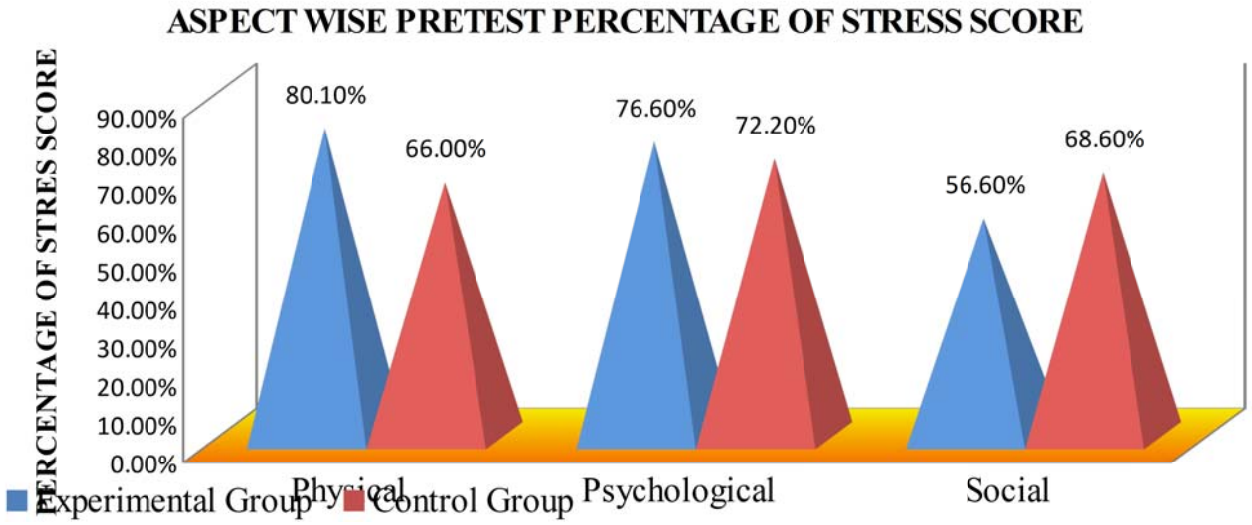
SECTION -II

ASSESS THE LEVEL OF STRESS AMONG CANCER PATIENTS IN EXPERIMENTAL AND CONTROL GROUP

TABLE – 2 ASPECT WISE PRETEST PERCENTAGE OF STRESS SCORE AMONG CANCER PATIENTS IN EXPERIMENTAL AND CONTROL GROUP

S.No	Aspect	No of Questions	Min-max Score	Stress Score			
				Experimental group		Control group	
				Mean Score	Mean %	Mean Score	Mean %
1.	Physical	10	0-30	24.0	80.1%	19.8	66%
2.	Psychological	10	0-30	23.0	76.6%	21.6	72.22%
3.	Social	10	0-30	17.0	56.6%	20.6	68.6%

FIGURE: 11 PYRAMIDAL DIAGRAMS DEPICTING ASPECT WISE PRETEST PERCENTAGE OF STRESS SCORE



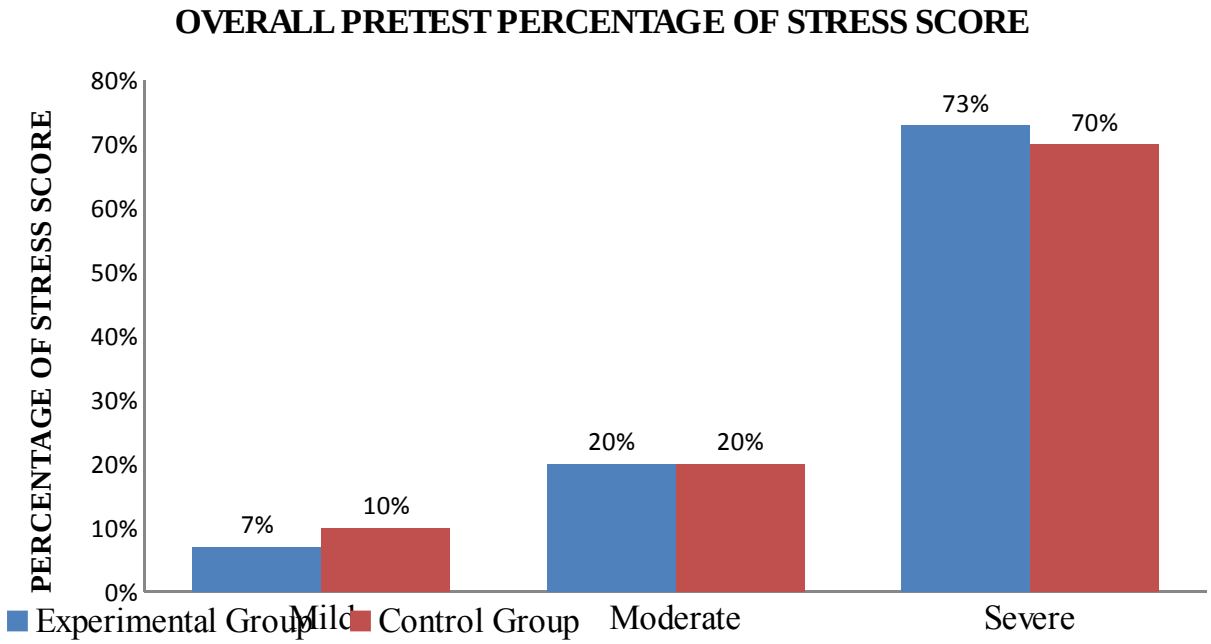
The pretest stress score of the patients in experimental group related to physical is 80.1 %, psychological is 76.6%, and where as social is 56.6%.

Similarly, in control group related to physical 66 %, psychological 72.20%, and social 68.6%.

TABLE – 3 OVERALL PRETEST PERCENTAGE OF STRESS SCORE AMONG CANCER PATIENTS IN EXPERIMENTAL AND CONTROL GROUP

S.No	Level of Stress	Experimental group		Control group	
		No of sample	Percentage	No of sample	Percentage
1.	Mild	2	7%	3	10%
2.	Moderate	6	20%	6	20%
3.	Severe	22	73%	21	70%

FIGURE: 12 BAR DIAGRAM DEPICTING OVERALL PRETEST PERCENTAGE OF STRESS SCORE



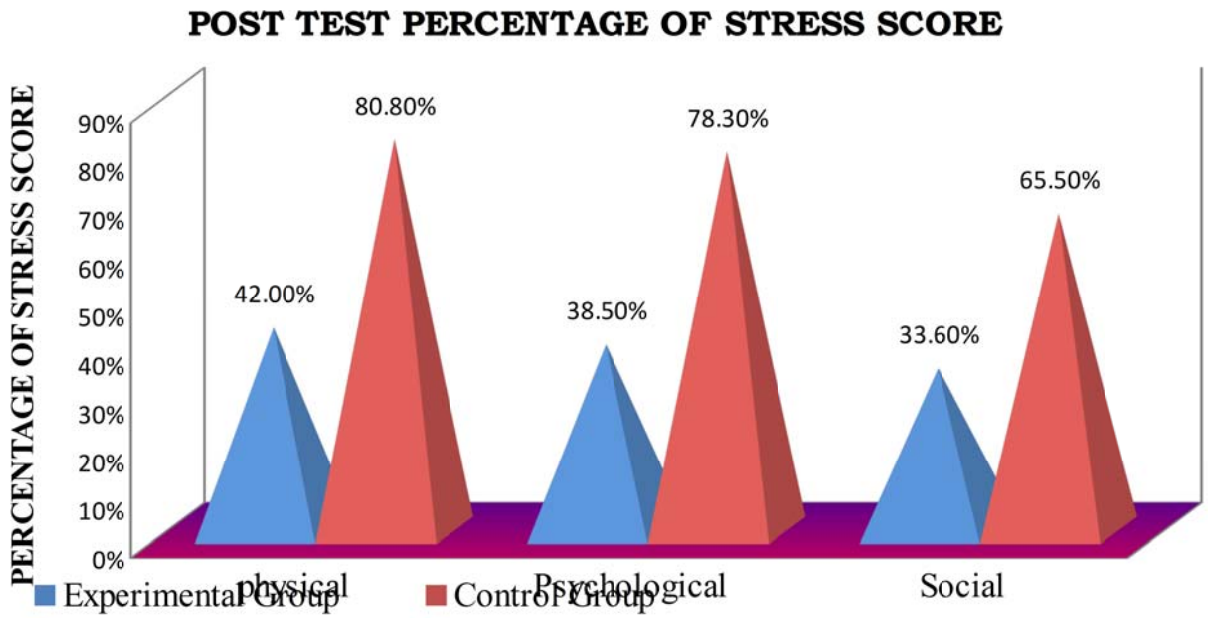
In experimental group, 7% of cancer patients had mild stress, 20% of cancer patients had moderate stress and 73% of patient had severe stress.

Similarly, in control group 10% of cancer patients had mild stress, 20% of cancer patients had moderate stress and 70% of patient had severe stress.

TABLE – 4 ASPECT WISE POST TEST PERCENTAGE OF STRESS SCORE AMONG CANCER PATIENTS IN EXPERIMENTAL AND CONTROL GROUP

S.No	Aspect	No of Questions	Min-max Score	Stress Score			
				Experimental group		Control group	
				Mean score	Mean %	Mean score	Mean %
1.	Physical	10	0-30	12.6	42%	24.2	80.8%
2.	Psychological	10	0-30	11.5	38.8%	23.5	78.3%
3.	Social	10	0-30	10.1	33.6%	19.6	65.5%

FIGURE : 13 PYRAMIDAL DIAGRAM DEPICTING ASPECT WISE POST TEST PERCENTAGE OF STRESS SCORE



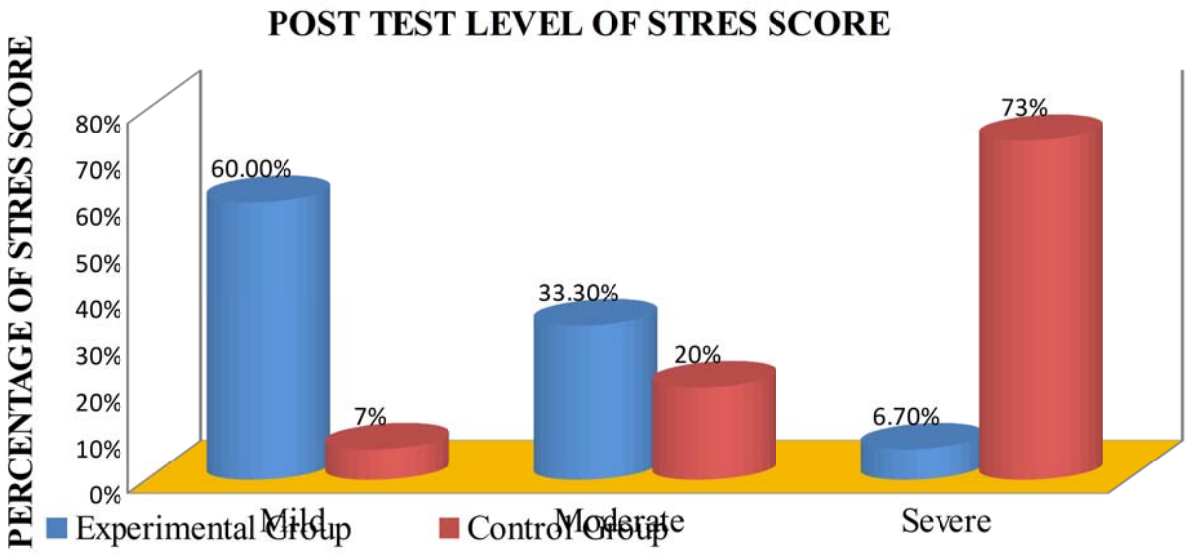
The post test stress score of the patients in experimental group related to physical aspect 42 %, psychological aspect 38.5%, and social aspect 33.6%.

Similarly, in control group related to physical aspect 80.8 %, psychological aspect 78.3%, and social aspect 65.5%.

TABLE - 5 OVERALL POST TEST PERCENTAGE OF STRESS SCORE AMONG CANCER PATIENTS IN EXPERIMENTAL AND CONTROL GROUP

S.No	Level of Stress	Experimental group		Control group	
		No of Sample	Percentage	No of Sample	Percentage
1.	Mild	18	60%	2	6.7%
2.	Moderate	10	33.3%	6	20%
3.	Severe	2	6.7%	22	73.3%

FIGURE : 14 CYLINDRICAL DIAGRAM DEPICTING OVERALL POST TEST PERCENTAGE OF STRESS SCORE



The post test level of stress score in experimental group, 60% of cancer patients had mild stress, 33.3% of cancer patients had moderate stress and 6.7% of patient had severe stress.

Similarly, in control group 6.7% of cancer patients had mild stress, 20% of cancer patients had moderate stress and 73.3% of patient had severe stress.

SECTION – III

EVALUATE THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS IN EXPERIMENTAL GROUP.

TABLE : 6 ASPECT WISE COMPARISONS OF MEAN SCORE BETWEEN PRE -TEST AND POST TEST LEVEL OF STRESS AMONG CANCER PATIENTS IN EXPERIMENTAL GROUP

S. No	Components	Observation	Mean Score	Mean difference	SD	't' Value	Significance
1.	Physical	Pre test	24.0	11.4	6.583	9.971	P< 0.05 Highly Significant
		Post test	12.6				
2.	Psychological	Pre test	23.0	11.5	5.723	10.954	P< 0.05 Highly Significant
		Post test	11.5				
3.	Social	Pre test	17.0	6.9	5.878	9.305	P< 0.05 Highly Significant
		Post test	10.1				

The above table depicts that the computed't' value on physical aspect't' = 9.971, psychological aspect't' = 10.954, and social aspect't'= 9.305. These are all higher H_1 (there is significant difference between pretest and post test level of stress among cancer patients with experimental group) was accepted.

FIGURE : 15

CONICAL DIAGRAM DEPICTING ASPECT WISE COMPARISON OF MEAN SCORE BETWEEN PRE TEST AND POST TEST LEVEL OF STRESS AMONG CANCER PATIENTS IN EXPERIMENTAL GROUP

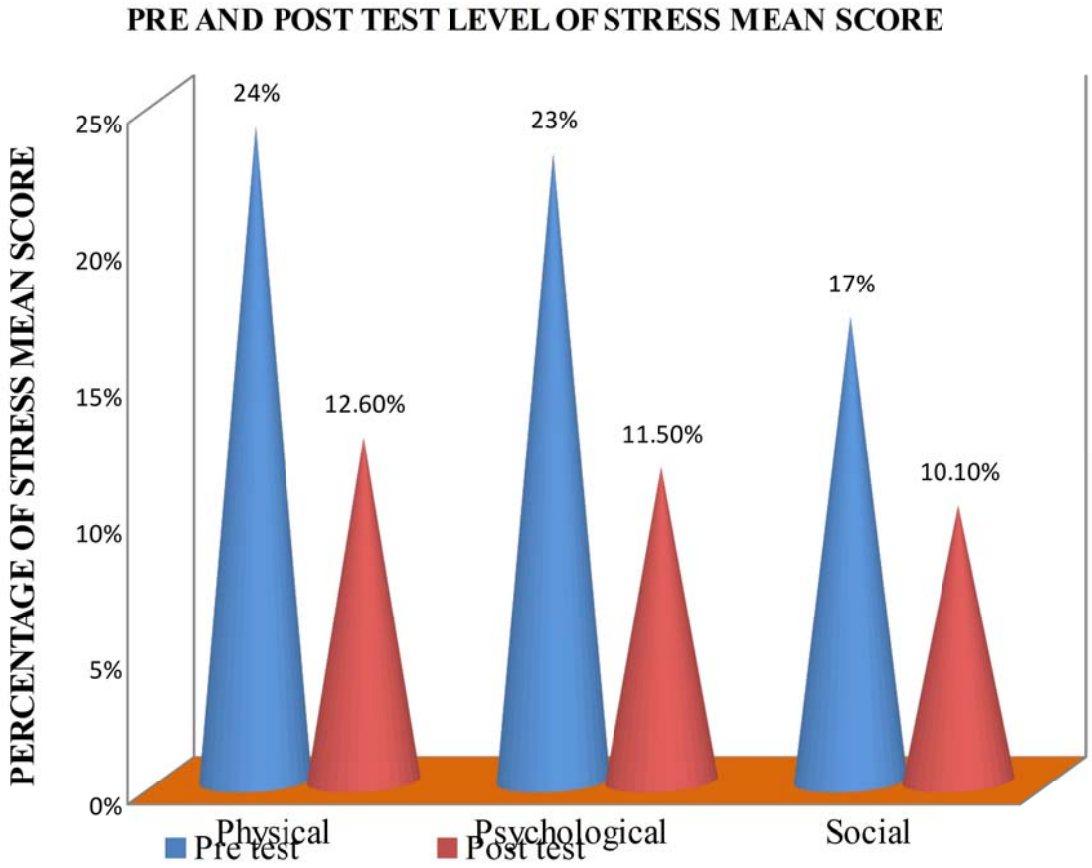
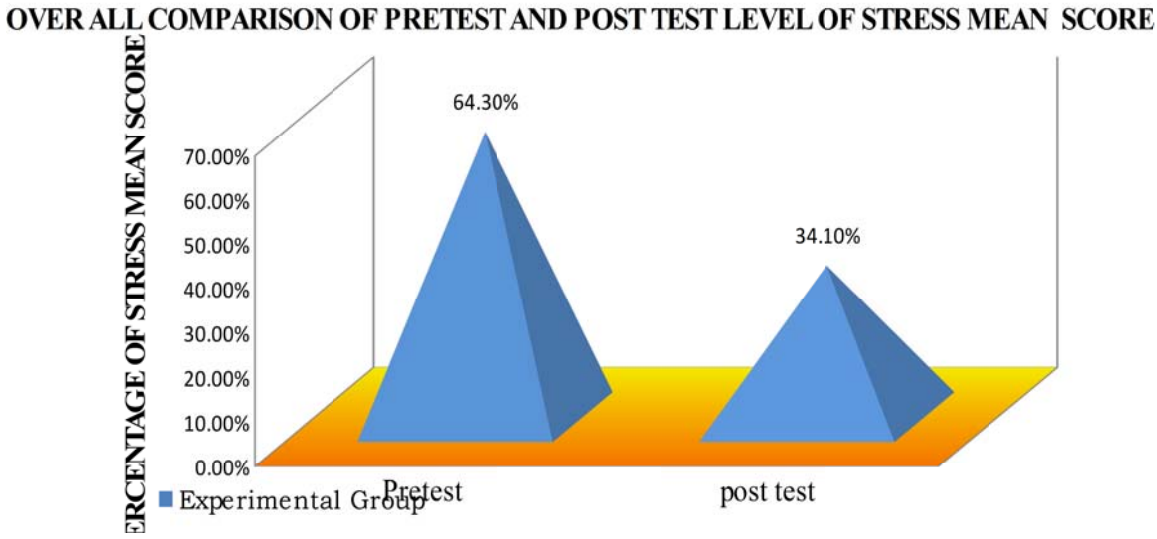


TABLE – 7 OVERALL COMPARISON OF MEAN SCORE BETWEEN PRE TEST AND POST TEST LEVEL OF STRESS AMONG CANCER PATIENTS IN EXPERIMENTAL GROUP

S. No	Components	Observation	Mean Score	Mean difference	SD	't' Value	Significance
1.	Stress Score total	Pre test	64.3	30.2	14.454	11.353	P< 0.05 Highly Significant
		Post test	34.1				

FIGURE : 16 PYRAMIDAL DIAGRAM DEPICTING OVERALL COMPARISON OF MEAN SCORE BETWEEN PRE TEST AND POST TEST LEVEL OF STRESS SCORE



The overall comparison of pretest and post test level of stress mean score in experimental group, pretest 64.3%, and post test 34.1%. There is a significant reduction stress score after Bibliotherapy.

SECTION - IV

COMPARE THE POST TEST LEVEL OF STRESS AMONG CANCER PATIENTS IN EXPERIMENTAL AND CONTROL GROUP

TABLE – 8 ASPECT WISE COMPARISON OF POST TEST LEVEL OF STRESS AMONG CANCER PATIENTS IN EXPERIMENTAL AND CONTROL GROUP

S. No	Components	Observation	Mean Score	Mean difference	SD	't' Value	Significance

1.	Physical	Experimental group	12.6	11.66	6.242	10.515	P< 0.05 Highly Significant
		Control group	24.26				
2.	Psychological	Experimental group	11.566	11.56	7.437	8.837	P< 0.05 Highly Significant
		Control group	23.5				
3.	Social	Experimental group	10.43	8.57	3.841	14.241	P< 0.05 Highly Significant
		Control group	19.0				

The above table depicts that the computed‘t’ value on physical aspect‘t’= 10.515, psychological aspect‘t’= 8.837, and social aspect‘t’= 14.241. These are all higher than the table value at 0.05 level of significance. H_2 (there is significant difference in post test level of stress among cancer patients in experimental and control group) was accepted.

FIGURE : 17

BAR DIAGRAM DEPICTING ASPECT WISE COMPARISON OF POST TEST LEVEL OF STRESS SCORE

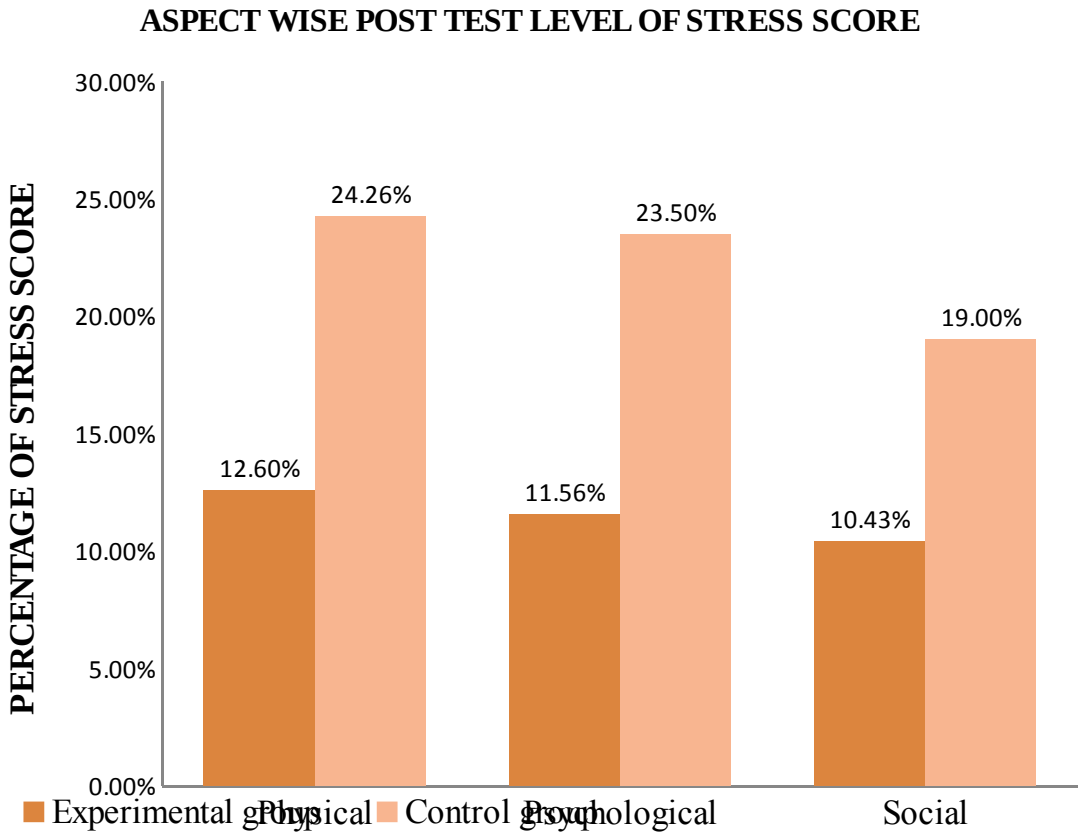
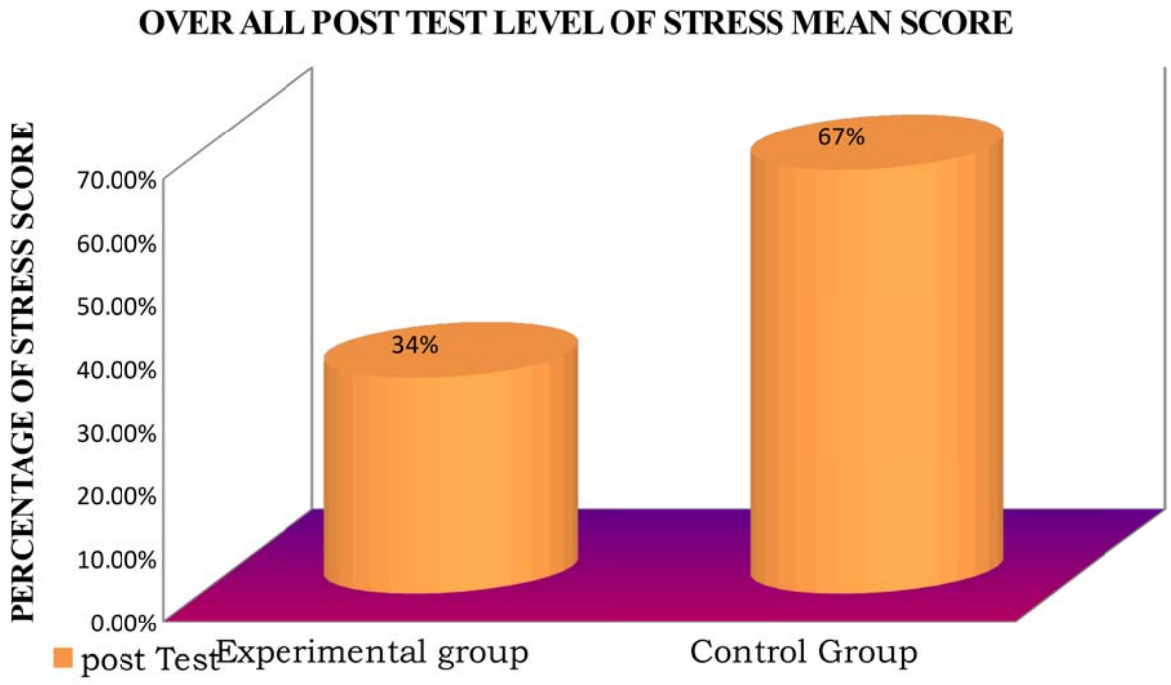


TABLE : 9 OVERALL MEAN SCORE BETWEEN POST TEST LEVEL OF STRESS AMONG CANCER PATIENTS IN EXPERIMENTAL AND CONTROL GROUP

S. No	Components	Observation	Mean Score	Mean difference	SD	't' Value	Significance
1.	Stress Score total	Experimental group	34.1	32.9	13.0	9.833	P< 0.05 Highly Significant
		Control group	67.0				

FIGURE : 18 CYLINDRICAL DIAGRAM DEPICTING OVERALL MEAN SCORE BETWEEN POST TEST LEVEL OF STRESS



There is a significant difference between posttest level of stress between experimental and control group.

SECTION - V

FIND OUT THE ASSOCIATION BETWEEN PRE TEST LEVEL OF STRESS AMONG CANCER PATIENTS WITH THEIR DEMOGRAPHIC VARIABLES

TABLE : 10

ASSOCIATION BETWEEN PRE TEST LEVELS OF STRESS AMONG CANCER PATIENTS WITH THEIR SELECTED DEMOGRAPHIC VARIABLES IN EXPERIMENTAL GROUP

S. No	Demographic Variables	Level of Stress						Significance (Chi- Square)
		Mild		Moderate		Severe		
		F	%	F	%	F	%	
1.	**Age (in years)**							$\chi^2 = 1.08$ (P > 0.05) Not Significant
	a) 20-30	1	3.33	1	3.33	7	23.33	
	b) 31-40	0	0.00	2	6.67	13	43.33	
	c) 41-50	0	0.00	1	3.33	4	13.33	
	d) Above 50 years	0	0.00	1	3.33	0	0.00	
2.	**Sex**							
	a) Male	1	3.33	4	13.33	17	56.67	$\chi^2 = 5.99$ (P > 0.05) Not Significant
	c) Female	0	0.00	1	3.33	7	23.33	
3.	**Monthly income of the family**							
	a) Below Rs. 5000	0	0.00	2	6.67	8	26.67	$\chi^2 = 9.49$ (P > 0.05) Not Significant
	b) Rs. 5001- 10,000	1	3.33	3	10.0	15	50.00	
	c) Above Rs.10,000	0	0.00	0	0.00	1	3.33	
4.	**Occupation**							$\chi^2 = 9.49$ (P > 0.05) Not Significant
	a) Government Employee	1	3.33	0	0.00	7	23.33	
	b) Private Sector	0	0.00	2	6.67	11	36.67	
	c) Others	0	0.00	3	10.0	6	20.00	

S. No	Demographic Variables	Level of Stress						Significance (Chi- Square)
		Mild		Moderate		Severe		
		F	%	F	%	F	%	
5.	**Type of family**							$\chi^2 = 9.49$ (P > 0.05) Not Significant
	a) Nuclear family	1	3.33	2	6.67	17	56.67	
	b) Joint family	1	3.33	4	13.33	5	16.67	
	c) Extended family	0	0.00	0	0.00	0	0.00	
6.	**Habit**							
	a) Smoking	1	3.33	0	0.00	5	16.67	$\chi^2 = 12.6$ (P < 0.05) Significant
	b) Alcohol	0	0.00	1	3.33	8	26.67	
	c) Both	1	3.33	2	6.67	2	6.67	
	d) Others	0	0.00	1	3.33	7	23.33	
7.	**Other Relaxation Techniques**							
	a) Yoga	0	0.00	0	0.00	8	26.67	$\chi^2 = 13.0$ (P < 0.05) Significant
	b) Meditation	2	6.67	3	10.00	6	20.00	
	c) Games	0	0.00	0	0.00	5	16.67	
	d) Others	0	0.00	3	10.00	3	10.00	
8.	**Type of Cancer**							$\chi^2 = 12.6$ (P >0.05) Not Significant
	a) Oral cancer	2	6.67	1	3.33	8	26.67	
	b) Stomach cancer	0	0.00	3	10.00	4	13.33	
	c) Lung cancer	0	0.00	1	3.33	8	26.67	
	d) Others	0	0.00	1	3.33	2	6.67	

There is significant association between pretest level of stress among cancer patients with their selected demographic variables in experimental group such as habit and other relaxation therapies. Values such as in habit ($\chi^2 = 12.6$, $p<0.05$), other relaxation techniques ($\chi^2=13.0$, $p<0.05$).

TABLE : 11

ASSOCIATION BETWEEN PRE TEST LEVELS OF STRESS AMONG CANCER PATIENTS WITH THEIR SELECTED DEMOGRAPHIC VARIABLES IN CONTROL GROUP

S. No	Demographic Variables	Level of Stress						Significance (Chi- Square)
		Mild		Moderate		Severe		
		F	%	F	%	F	%	
1.	**Age (in years)**							$\chi^2 = 4.75$ (P > 0.05) Not Significant
	a) 20-30	0	0.00	0	0.00	4	13.33	
	b) 31-40	2	6.67	3	10.00	6	20.00	
	c) 41-50	1	3.33	1	3.33	7	23.33	
	d) Above 50 years	4	13.3	2	6.67	3	10.00	
2.	**Sex**							
	a) Male	0	0.00	4	13.33	17	56.67	$\chi^2 = 14.1$ (P < 0.05) Significant
	b) Female	4	13.33	2	6.67	3	10.00	
3.	**Monthly income of the family**							
	a) Below Rs. 5000	0	0.00	0	0.00	4	13.33	$\chi^2 = 3.2$ (P > 0.05) Not Significant
	b) Rs. 5001- 10,000	1	3.33	3	10.0	9	30.00	
	c) Above Rs.10,000	3	10.00	3	10.00	7	23.33	
4.	**Occupation**							$\chi^2 = 7.6$ (P > 0.05) Not Significant
	a) Government Employee	0	0.00	0	0.00	7	23.33	
	b) Private sector	4	23.0	6	20.00	9	30.00	
	c) Others	0	0.00	0	0.00	4	13.33	

S. No	Demographic Variables	Level of Stress						Significance (Chi- Square)
		Mild		Moderate		Severe		
		F	%	F	%	F	%	

5.	**Type of family**							$\chi^2 = 1.6$ (P > 0.05) Not Significant
	a) Nuclear family	2	6.67	1	3.33	5	16.67	
	b) Joint family	2	6.67	4	13.33	14	46.67	
	c) Extended family	1	3.33	0	0.00	1	3.33	
6.	**Habit**							
	a) Smoking	0	0.00	1	3.33	0	0.00	$\chi^2 = 18.1$ (P < 0.05) Significant
	b) alcohol	0	0.00	1	3.33	8	26.67	
	c) Both	1	3.33	1	3.33	5	16.67	
	d) Others	3	10.00	3	10.00	7	23.33	
7.	**Other Relaxation Techniques**							
	a) Yoga	0	0.00	1	3.33	1	3.33	$\chi^2 = 0.8$ (P > 0.05) Not Significant
	b) Meditation	3	10.00	2	6.67	11	36.67	
	c) Games	1	3.33	2	6.67	5	16.67	
	d) Others	0	0.00	1	3.33	3	10.00	
8.	**Type of cancer**							$\chi^2 = 4.1$
	a) Oral cancer	1	3.33	1	3.33	2	6.67	
	b) Stomach cancer	2	6.67	1	3.33	9	30.00	
	c) Lung cancer	2	6.67	4	23.33	6	20.00	
	d) Others	0	0.00	0	0.00	2	6.67	

There is significant association between pretest level of stress among cancer patients with their selected demographic variables in control group such as sex and habit. Values such as in habit (χ^2= 14.1, $p<0.05$), other relaxation techniques (χ^2=18.1, $p<0.05$).

CHAPTER – V

DISCUSSION

This chapter discusses the major findings of the research study and reviews that in relation to the finding from the result of the present study. For this study the data was obtained regarding the level of stress among cancer patients in selected cancer hospitals at Erode district.

STATEMENT OF THE PROBLEM

"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS IN SELECTED CANCER HOSPITALS, AT ERODE DISTRICT".

OBJECTIVES OF THE STUDY

1. **TO ASSESS THE PRETEST LEVEL OF STRESS AMONG CANCER PATIENTS IN EXPERIMENTAL AND CONTROL GROUP AT SELECTED CANCER HOSPITALS.**

- The pretest mean stress score of the cancer patients in experimental group related to physical 24.0(80.1%), psychological 23.0(76.6%) and social 17.0(56.6%), similarly in control group related to physical 19.8(66%), psychological 21.6 (72.22%), and social 20.6 (68.6%).
- The pretest overall stress score in experimental group was mild 2(7%), moderate 6(20%), and severe 22(73%), similarly in control group mild 3 (10%), moderate 6(20%) and severe 21 (70%).

- The post test mean stress score of the cancer patients in experimental group related to physical 12.6(42%), psychological 11.5(38.5%) and social 10.1(33.6%), similarly in control group related to physical 24.2(80.8%), psychological 23.5 (78.3%) and social 19.6 (65.5%).

- The post test overall stress score in experimental group was mild 18 (60%), moderate 10 (33.3%), and severe 2 (6.6%), similarly in control group mild 2(6.6%), moderate 6(20%), and severe 22(73.3%).
- Thus, in the experimental group after the intervention, post test level of stress was reduced, but in the control group, there is no reduction in post test level of stress.

2. TO EVALUATE THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS IN EXPERIMENTAL GROUP.

- The computed value on physical aspect t=9.971, psychological aspect t = 10.954 and social aspect t= 9.303these are all higher than the table value at 0.05 level of significance. Hence, H_1 (there is significant difference between pre test and post test level of stress among cancer patients of experimental group) was accepted.
- The total pre test mean score was 64.3 and post test mean score was 34.1 and mean difference was 30.2, standard deviation SD= 14.454, t = 11.353, $p<0.05$. It showed that there was a significant difference between pre test and post test mean score, hence, Bibliotherapy reduces stress among cancer patients.

3. TO COMPARE THE POST TEST LEVEL OF STRESS AMONG CANCER PATIENTS IN EXPERIMENTAL AND CONTROL GROUP.

- The compared‘t’ value on physical aspect, t = 10.515, psychological aspect‘t’ = 8.837 and social aspect t = 14.241. These are all higher than the table value at $p<0.05$ level of significance.
- The total post test stress mean score in experimental group was 34.1 and in control group was 67.0, mean difference 32.9, standard deviation SD = 13.0, t = 9.833, $p<0.05$. It’s showed that there was significant difference in post test level of stress among cancer patients in experimental and control group. Hence, H_2 was accepted.

4. TO FIND OUT THE ASSOCIATION BETWEEN THE PRETEST STRESS LEVEL AMONG CANCER PATIENTS WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

- The calculated χ^2 value in experimental group its shows significant association between pretest level of stress with their selected demographic variables such as habit and relaxation techniques.
- Similarly, in control group its shows significant association between pretest level of stress with their selected demographic variables such as sex and habit.

CHAPTER – VI

SUMMARY, CONCLUSION AND RECOMMENDATIONS

INTRODUCTION

The primary goal of the study was to assess the level of stress among cancer patients in selected cancer hospitals at Erode district. Pretest was conducted with the help of structured questionnaire. After the pretest, experimental group underwent Bibliotherapy on the same day and for 5 consecutive days. Then post test was conducted with the same group and was associated with their demographic variables.

Objectives

- To assess the pretest level of stress among cancer patients in experimental and control group in selected cancer hospitals at Erode district.
- To evaluate the effectiveness of Bibliotherapy on stress among cancer patients in experimental group.
- To compare the post test stress level among cancer patients with experimental and control group
- To find out the association between the pre - tests stress level among cancer patients with their selected demographic variables.

REVIEW OF LITERATURE

The conceptual frame work adapted for this study is based on “Ludwing Von Bertalanffy” model. In this study review of literature is divided into following headings.

- Literature related to control measures on cancer
- Literature related to stress
- Literature related to Bibliotherapy

METHODOLOGY

The research design adapted for this study was True- experimental design. The sample consists of 60 cancer patients, in that 30 samples in experimental group and 30 samples in control group were selected for this study by simple randomized technique.

The instrument used for data collection was organized into 2 sessions.

SECTION I

Demographic variables of cancer patients in Ramya Nursing Home and Erode Cancer Centre at Erode District.

SECTION II

Rating scale regarding level of stress among cancer patients in selected cancer hospitals at Erode district.

The data collection was done and analyzed, interpreted on the basis of the objectives of the study. The collected data was summarized and tabulated by utilizing descriptive statistics (percentage, mean, standard deviation) and inferential statistics (paired‘t’ test, unpaired‘t’ test, chi – square test).

RESULTS

The result of the study showed that the pretest level of stress mean score in experimental group (Mild 2(7%), Moderate 6(20%) and severe 22 (73%)) was

reduced in the post test means score (mild 18(60%), moderate 10(33.3%) and severe 2 (6.6%)). It states that Bibliotherapy has an impact on stress among cancer patients in experimental group.

The computed‘t’ value 11.353 was higher than the calculated value at 0.05 level of significance. Hence, H_1 (there is significant difference between pre test and post test level of stress among cancer patients in experimental group) was accepted.

The post test overall stress score in experimental group (mild 18(60%), moderate 10(33.3%) and severe 2 (6.6%) and in control group mild 2 (6.6%), moderate 9 (20%) and severe 22 (73.3. %).

The comparison between post test level of stress score in experimental group and control group, showing the value are significant which was observed from unpaired‘t’ test value of 9.833 at 0.05 level of significance, which is evident for the effect of Bibliotherapy in reducing stress level among cancer patients . Hence, H_2 (There is significant difference in post test level of stress among cancer patients in experimental group and control group) was accepted.

There is significant association between pretest level of stress and demographic variables such as sex, habit and other relaxation techniques.

The findings of the study support the need of awareness regarding Bibliotherapy among nurses. The study was proved that the cancer patients had a remarkable decrease in stress level after Bibliotherapy.

CONCLUSION

The findings of the study proved that the bibliotherapy on stress among cancer patients was effective in reducing the level of stress. The study revealed that irrespective of variations in demographic variables, all patients in experimental group showed reduction in level of stress with Bibliotherapy.

NURSING IMPLICATIONS

The present study was conducted to find out the stress among cancer patients with following implications for nursing practice, education, administration and research.

NURSING ADMINISTRATION

Today there is an increasing need for quality and holistic care. Nursing administrators are in the key position to formulate policies and the execution of quality nursing based on research findings with necessary changes. Nurse administrators should take the initiate in organizing continuing educational programme on Bibliotherapy for the health care personnel in the hospital and community settings with modern technological aids.

NURSING EDUCATION

Relaxation technique may give cancer patients a better perspective on the emotional impact of dealing with death and dying. Along with other different stress

management programme, skill training in conflict resolution and assertiveness etc. can be helpful to the cancer patients for better satisfaction and outcome.

Alternative and complementary therapies are increasing in popularity. Nurse educators need to lay emphasis on assessment of stress among cancer patients in the curriculum and to orient students in imparting the Bibliotherapy to the patients with cancer during hospitalization. Ongoing education can be planned for graduate students.

NURSING RESEARCH

A professional seeking to improve the practice of its members and to enhance its professional stature strives for the continuous development of a relevant body of knowledge. The findings of the research need to be disseminated through publication so that the utilization of such research findings is encouraged.

RECOMMENDATIONS

- A similar study may be replicated using a larger sample for better generation.
- A comparative study can be conducted more than one intervention.
- The effectiveness of Bibliotherapy can be assessed upon the level of satisfaction.
- It can be conducted in different settings like specialty hospitals and cancer centers.

SUGGESTIONS

- Nurses can be given awareness about Bibliotherapy.

- Bibliotherapy should be emphasized in nursing curriculum.
- Complementary therapy cell could be arranged in the institution.
- Findings of the study can be utilized to evaluate family members and non – nursing personnel to provide quality services in hospitals.

SUMMARY

The researcher has full satisfaction in conducting this study which focuses on the stress on cancer patients. The expert opinions, direction from the guide and help from the authorities made the study useful. This study shows that Bibliotherapy is very effective in reducing the level of stress among cancer patients.

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e-mail : dmipsr@gmail.com

Phone : 04256 - 247321
246321

Ref. No.

Date.....

LETTER SEEKING PERMISSION TO CONDUCT PILOT STUDY

From

MR.KODEESWARAN A, M.Sc., (N) II Year,
(Speciality – Psychiatric Health Nursing),
Dr. Mahalingam College of Nursing,
Sakthi Nagar (Po),
Bhavani (TK), Erode (DT),
Tamilnadu.

To

Dr. K.R. PONNUSAMY M.B.B.S.,
RAMYA HOSPITAL,
NAMBIYUR.

Permitted

Dr. K. R. Ponnusamy, M.B., B.S.,
REGISTERED MEDICAL PRACTITIONER
REGD. No. 35281
RAMYA NURSING HOME
NAMBIYUR - 638 458

Through : The Principal,
Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences & Research,
Sakthi Nagar, Bhavani Tk,
Erode dist – 638315.

PRINCIPAL
College of Nursing
Sri Adichunchanagiri Shikshana Trust
Dharmarathnakara Dr. Mahalingam Institute of Paramedical Sciences & Research,
Sakthinagar, Bhavani Taluk,
Erode Dist. - 638 315.

Respected Sir / Madam,

SUB: Permission to conduct study - Reg.

- - - - -

I the II year M.Sc., Nursing student of Dr. Mahalingam College of Nursing, Sakthi Nagar. As a partial fulfillment of Master of Science in Nursing, I have undertaken the following research study, which has to be submitted to The Tamilnadu Dr.M.G.R. medical University, Chennai.

RESEARCH STUDY :

"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS AT SELECTED CANCER HOSPITALS, ERODE DISTRICT".

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Sakthinagar - 638 315. Bhavani Taluk, Erode District, Tamilnadu.

e-mail : dmipsr@gmail.com

Phone : 04256 - 247321
246321

Ref. No. *Date*.....

I kindly request you to permit me to do reliability of the prepared tool in giving the bibliotherapy on stress among cancer patients at selected cancer hospitals, Erode district with effect from 18/08/14 to 23/08/14.

I kindly request you to permit me to conduct the proposed study. Please, kindly do the needful.

Thanking you,

Date : 18/08/14

Place : Nambiyur.

Yours Sincerely,

A. Kodees

(KODEESWARAN A)

SRI ADICHUNCHANAGIRI SHIKSHANA TRUST®

COLLEGE OF NURSING

DHARMARATHNAKARA Dr. MAHALINGAM INSTITUTE OF PARAMEDICAL SCIENCES & RESEARCH

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e-mail : dmipsr@gmail.com

Phone : 04256 - 247321
246321

Ref. No.

Date.....

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From

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(Speciality – Psychiatric Health Nursing),
Dr. Mahalingam College of Nursing,
Sakthi Nagar (Po),
Bhavani (TK), Erode (DT),
Tamilnadu.

To

DR. K. VELAVAN, MD, RT.
CONSULTANT ONCOLOGIST,
ERODE CANCER CENTRE, ERODE.

Permitted
Dr. K. VELAVAN, M.D.R.T.,
Reg. No. 52086
Consultant Oncologist
ERODE CANCER CENTRE
Velavan Nagar, Road,
Thindal, Erode - 638 012.

THROGH :- PRINCIPAL
College of Nursing
Sri Adichunchanagiri Shikshana Trust
Dharmarathnakara Dr. Mahalingam Institute
of Paramedical Sciences & Research,
Sakthinagar, Bhavani Taluk,
Erode Dist. - 638 315.

Respected Sir / Madam,

SUB: Permission to conduct study - Reg.

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RESEARCH STUDY:

"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS AT SELECTED CANCER HOSPITALS, ERODE DISTRICT".

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e-mail : dmlpsr@gmail.com
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246321

Ref. No.

Date.....

.. 2 ..

I kindly request you to permit me to do reliability of the prepared tool in giving the bibliotherapy on stress among cancer patients at selected cancer hospitals, Erode district with effect from 28/08/14 to 06/10/14.

I kindly request you to permit me to conduct the proposed study. Please, kindly do the needful.

Thanking you,

Date : 27/8/14
Place : Erode

Yours Sincerely,

A. Kodeeswaran
(KODEESWARAN A)

Head Office: Sri Adichunchanagiri Shikshana Trust ®, Sri Adichunchanagiri Kshethra, PIN : 571 811.
Nagamangala Taluk, Mandya Dist., Karnataka.

CONTENT VALIDITY CERTIFICATE

This is to certify that the student Mr. Kodeeswaran A,

CONTENT VALIDITY CERTIFICATE

This is to certify that the student Mr.Kodeeswaran A, S/o.Mr.Arthanari G studying in final year M.Sc., (N) Post Graduate Degree Course at Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences & Research, Sakthi Nagar.

Topic Entitled:

"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY IN REDUCING STRESS AMONG CANCER PATIENTS IN SELECTED HOSPITALS AT ERODE DISTRICT"

His content for the study is validated and was found reliable.

Date: 11.08.2014
Place: Coimbatore.

Signature of Expert with seal
(LALITHA.P)

CONTENT VALIDITY CERTIFICATE

This is to certify that the student Mr. Kodeeswaran A, S/o.Mr.Arthanari G studying in final year M.Sc., (N) Post Graduate Degree Course at Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences & Research, Sakthi Nagar.

Topic Entitled:

"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS IN SELECTED HOSPITALS AT ERODE DISTRICT"

His content for the study is validated and was found reliable.

Date: Karur

Place: 10.08.2014

Signature of Expert with seal

Mr. M.J. FLEMING ANDREW TO M. M.Sc (N)
Associate Professor
(Department of Psychiatry)
Sakthi College of Nursing-Karur.

CONTENT VALIDITY CERTIFICATE

This is to certify that the student Mr. Kodeeswaran A, S/o.Mr.Arthanari G studying in final year M.Sc., (N) Post Graduate Degree Course at Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences & Research, Sakthi Nagar.

Topic Entitled:

"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS AT SELECTED HOSPITALS, ERODE DISTRICT."

His content for the study is validated and was found reliable.

Date: 11.08.2014

Place: Sakthinagar

S. Maheshraja 9548

Signature of Expert with seal

(Dr.S.MAHESRAJA)
MEDICAL OFFICER
V.M.KAILASAM HOSPITAL
SAKTHINAGAR-638315

CONTENT VALIDITY CERTIFICATE

This is to certify that the student Mr. Kodeeswaran A, S/o.Mr.Arthanari G studying in final year M.Sc., (N) Post Graduate Degree Course at Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences & Research, Sakthi Nagar.

Topic Entitled:

"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS AT SELECTED HOSPITALS, ERODE DISTRICT."

His content for the study is validated and was found reliable.

Date: 14-8-2014.

Place: Erode

K. Dhanapal (K. Dhanapal).

Signature of Expert with seal

Professor of Statistics.

CERTIFICATE BY THE EDITOR

This is to certify that the dissertation entitled," **"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG CANCER PATIENTS AT SELECTED CANCER HOSPITALS, ERODE DISTRICT"** is a Bonafide research work done by A.kodeeswaran, II year M.sc (nursing) student of Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences and Research, Sakthinagar, Bhavani Taluk, Erode DT. Mr. C.SATHEESHKUMAR M.A.,M.Phil.,Phd., Asst Prof, Tamil, edited the manuscript of this study on behalf of the partial fulfillment of the pre requisite for the degree of Master of Science in Nursing (psychiatric Nursing).

Signature of the Editor

உதவிப்பேராசிரியர்,
தமிழ்த்துறை,
பாரதிதாசன் கலை & அறிவியல் கல்லூரி,
எல்லீஸ்பேட்டை, ஈரோடு-638 116.

Date: 12.09.14

Place: ERODE

12.

ANNEXURE - IV

ANNEXURE - V

EVALUATION CRITERIA CHECKLIST

Dear Sir/ Madam,

Kindly go through the content and place right mark against questionnaire in the following columns ranging from relevant to not relevant. When found to need modification, Kindly give your opinion in the remarks given.

SECTION – A

Questionnaire on Demographic Data

TOOL- I

S.No	Items	Relevant	Needs Modification	Not Relevant	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

DASS - Modified Questionnaire on Stress Assessment:

A Self Assessment

TOOL- II

S.No	Items	Relevant	Needs Modification	Not Relevant	Remarks
1.					
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30.					

QUESTIONNAIRE

TOOL- I

DEMOGRAPHIC VARIABLES

Instructions: - Kindly read following questions and select which one is suitable for you.

Demographic Data:-

1) Age
   a) 20-30
   b) 31-40
   c) 41-50 years
   d) Above 50 years

2) Sex
   a) Male
   b) Female

3) Family monthly income

   a) Below Rs.5,000
   b) Rs.5001-10,000
   c) Above Rs.10,000

4) Occupation
   a) Government employee
   b) Private Sector
   c) Others

5) Type of family
   a) Nuclear family
   b) Joint family
   c) Extended family

6) Habit
   a) Smoking
   b) Alcohol
   c) Both

d) Others

7) Practicing any other relaxation techniques?
   a) Yoga
   b) Meditation
   c) Games
   d) Others

8) Type of cancer
   a) Oral cancer
   b) Stomach cancer
   c) Lung cancer
   d) others

TOOL – II

MODIFIED - DASS QUESTIONNAIRE TO ASSESS THE STRESS LEVEL

Instructions: people differ remarkably in their responses to potentiality stressful events. Please read each statement and tick ( ) in the box, answer each question as honesty as possible.

S.No	Content	Never (0)	Some Times (1)	Often (2)	Very Often (3)
RELATED TO PHYSICAL ASPECTS					
1.	I have a feeling of faintness				
2.	I am having the feelings of shakiness				
3.	I am having breathing difficulty				
4.	I have difficulty in swallowing				
5.	I feel increase in heart rate in the absence of physical exertion				
6.	I have trouble in falling asleep				
7.	I feel muscle tension especially in my neck, back, and jaw				

8.	I experience headache				
9.	I get sweating				
10.	I have loss of appetite				
RELATED TO PSYCHOLOGICAL ASPECTS					
11.	I get upset by quite trivial things				
12.	I am experiencing negative thoughts				
13.	I feel sad and depressed				
14.	I feel anxious				
15.	I am worrying about my health condition				
16.	I feel lack of perfectionism				
17.	I am not able to relax my mind				
18.	I feel I am worthlessness				
19.	I have fear of death				
20.	I feel I am helplessness				
RELATED TO SOCIAL AND FAMILY ASPECTS					
21.	I unable to participate in social gathering				
22.	I feel difficult to mingle with others				
23.	I feel myself getting less joy from my work				
24.	I feel less social than usual				
25.	I unable to take care of my family				
26.	I am not able to become enthusiastic about anything				
27.	I am unable to fulfill the needs of the family members				
28.	I feel myself withdraw from social activities				
29.	I feel fear of being criticized by others				
30.	I feel my family will isolate me because of my illness				

SCORE

Mild : 0-30

Moderate : 31-60

Severe : Above 60


315


SRI ANCHANA
SRI MARUTHI
G.K. AGENCIES
SRI SANJEEVI LAB SERVICES
KARUR SCIENTIFIC SERVICES